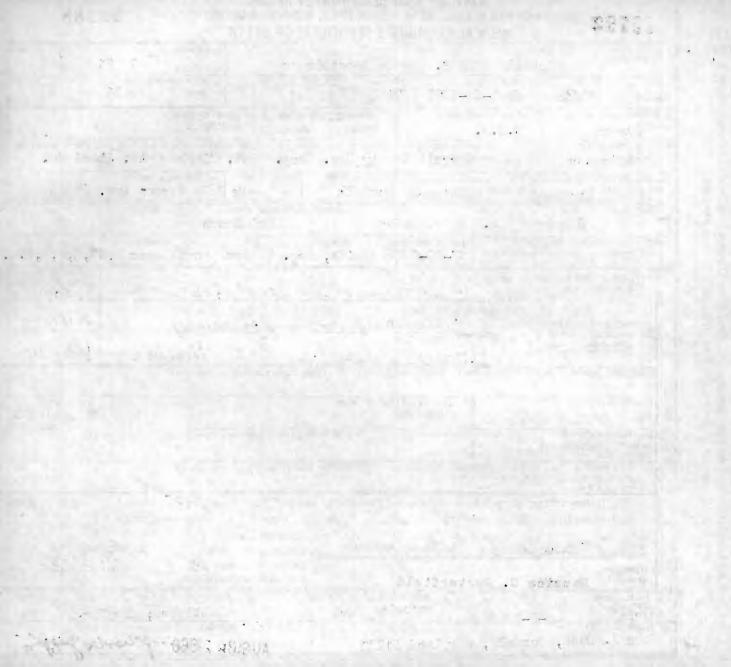
MARYLAND STATE DEPARTMENT OF HEAPTH

1		09791	DIVISION OF VITAL RECORDS	, 301 W. P				09987			
eath.		ECEASED-NAME First (ype or print) James	Middle S.		Last		DATE OF DEATH Month De	y Yeor 2b. HOUR			
offerd	3. SI	X	4. RACE	WII G	S. DATE OF BI		6. AGE (In years lost birthdoy)	68 3:50 M IF UNDER 1 YEAR & UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
	70.	ntry)	7b. CITIZEN OF WHAT COUNTRY?		1-16-	RIED 9. CO	UNTY OF DEATH				
10	10. (Virginia TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)	,	not in hospital	during most of	Carroll UPATION (Kind of work done working life, even if retired)	Md 12b. KIND OF BUSINESS OR INDUSTRY			
1	130.	Sykesville USUAL RESIDENCE (Where deceose sssion) STATE Marvland	ed lived, if institution: Residence befor	113c CITY OF	TOWN	Brick 13d. INSIDE CITY LIMITS? YES NO	working life, even if retired.) Clayer 139. STREET AND NUMBER 603 Penna. A	Building			
2	34.	ATHER'S NAME First	Middle Lost	I masér	S. MOTHER'S MA	AIDEN NAME First	Middle	Lost			
	16a.	Henry WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give wo	ar or dates of service)	Y NO. 17.	INFORMANT	Emma	NIM Address	Unknown			
		You 1922-	y ane cause per line far (a), (b), and (().)		al Record	ds	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		1MMEDIA Conditions, if any, which gave 1	TE CAUSE (a) <u>Cerebrov</u> DUE TO, OR AS A CONSEQUENCE (F				days			
		Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse last. (b) Cerebral Artersclerosis DUE TO, OR AS A CONSEQUENCE OF (c) Ceneralized Artersclerosis									
X	7	The same of the sa	DITIONS CONTRIBUTING TO DEATH BUT				ION GIVEN IN PART 1(a)	l years			
2	CERTIFICATION	19a, DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTO YES		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING			
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR AM Month Day Yes	21c. H ir 19	OW INJURY OCC	URRED (Enter natur	e of injury in Port 1 or Port 2,	Item 18.)			
	ME	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				City or Tawn	County State			
		22o. I certify that (I) (this sow the deceased at	s hospitol) ottended the decective on 7-7, (I) (we) (did) (did not) view th	sed from 19 <u>68</u> , an body after	6-29-6 d that in (my death.	7_ , 19 , y) (aur) apinian	to7 -7 , 19 deoth occurred an the do	68_, that (I) (we) last ote and haur and from the			
	H	22b. SIGNATURE	V. Panigra		ATTENDIN PHYS.	☐ DIRECTO	R STAFF PHYS. 22s	PATE SIGNED 168			
-			to Patricio, M.D.			ingfield a	State Hospital	, Sykesv., Md.			
			10-1968 Rose	F CEMETERY OR	crematory lemete		LOCATION (City or Town) agerstown Wa	(County) (Stote) shington Md. SIGNATURE			
88	24.	FUNERAL DIRECTOR R. Wata	ion & Nagusto	who or	nd.	DAJ 1 1	1968 CCL				



MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09988 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 26. HOUR (Type or Print) 19 68 Michael S. Anostoledes DEATH MATED 6. AGE (In years 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 3. SEX C. DATE PRONOLINCED DEAD 2d. HOUR Doy 31 Male White Sept-22-1893 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIEDS SONEVER MARRIED 9. COUNTY OF DEATH country) Greece Carroll U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give storted County Gen. Hosp during mot of work partiered Stort Co. Westminster 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Marry and 13b. COUNTY Baltimore 7604 Carson Ave. 21222 Dundalk 4. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Stephen M. Apostoledes Not Known hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, arunianown) Wife. Mrs. Gladys Apostoledes #13,a,b,c,d.e 213-07-0286 File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 15min IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), wrifing the word stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21f, LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AF WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection 17. Inquiry , and in my opinion Natural causes . Accident . Suicide . Hamicide the funerol director death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Maurice C. Porterfield ADDRESS(Street, city, town, ar county) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (State) Lorraine Park Burial (Specify) Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda, Dundalk, Maryland 21222 VR A15ME (5)

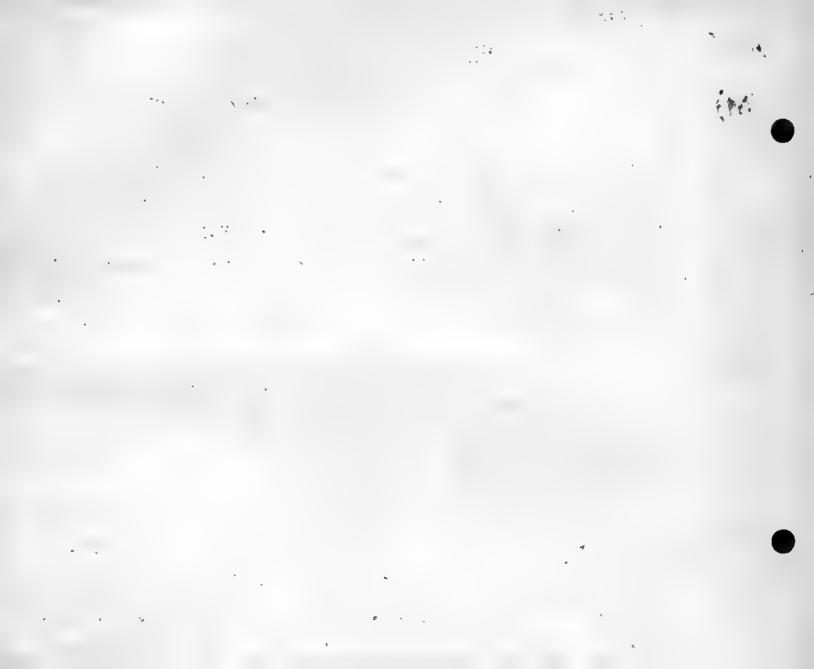


<u>a</u>	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	nnon
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9989
HEALTH DEPT.	1.0		y Yeor 2b, HOUR
DEALIN DEFT.		Type or Print) A CLASS OF ESTI- OF ESTI-	1968 5:15M
2 2	3, 5		134 HOUR
MA3.		PALE WHITE MAY 29 1907 6/ YRS. MONTHS DAYS HOURS ANN Month 7 Day 6	Yeor 1968 5.58 M
2 7 B		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAP COUNTRY? 8. MARRIED HEVER MARRIED 9. COUNTY OF DEATH	
75.5	coun	WIVA. U.S.a. WIDOWED DIVORCED CARROLL CO.	Md,
hours after death Item 18. Give Pages Office along with far I and 2 with the State	10.0	VESTMINSTER 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b) OF A GEN HOSPITAL OR Working life, even if retired 1. IND OF A GEN HOSPITAL OR WORKING LIFE, even if retired 1. IND OF A GEN HOSPITAL OR WORKING LIFE, even if retired 1. IND OF A GEN HOSPITAL OR WORKING LIFE, even if retired 1. IND OF A GEN HOSPITAL OR WORK AND LIFE LIFE LIFE LIFE LIFE LIFE LIFE LIFE	KIND OF BUSINESS OR
after 8. Give along with the	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MORE CITY LIMITS? 13e. STREET AND NUMBER	DV 100/23
hours after d frem 18. Give Office along w I and 2 with the ofter death.	0	dmission) STATE MD. 13b. COUNTARROLL WESTMINSTER YES IN NO BY 327 STONER	AVE.
24 hours in Item 1 rr's Office es 1 and 2 rrs after c	14, F	WILLIAM HENRY BARLOW MAGDALENA Middle Lost IS. MOTHER'S MAIDEN NAME First Middle MAGDALENA	LONG-
hin nicil nine pag		WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no., or unknown) (If yes give war or dates of service) 322-01-8667 MRS, CENEVIEVER, BARLON	SAME ADDRESS
be executed wir "pending" in pe nief Medicol Exan ansit permit. File event within 72		1B. CAUSE OF DEATH (Enter only one couse per life for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OR OWNERS THROUGH THE CAUSE (o)	APPROXIMATE INTERVAL BETWEEN ONSET A D GEATH
e execut pending ef Medic sit perm		4109 DUE TO, OR AS A CONSEQUENCE OF	
hief ans		Conditions, if ony, which gove rise to immediate couse (a).	
certificate should be exerting the word "per prworded to the Chief used as a buriol-transit noval, and in any ever		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate slae, writing the forwarded to used as a bu emoval, and it		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
firof ing ded as	-	4201	
is certificate, writing to writing forward a per used a removal.	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
to to	₽ E	WAS PERFORMED?	YES NO
	MEDICAL CER	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item HOUR A.M. P.M. 19	18.)
INER should shou	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
LAL EXAMINER: execute the certifor. Page 4 should for your files. ToR: Page 3 shourriel, cremotion, uriel, cremotion.		WHILE ON TWHILE foctory, office building, etc.)	
executor. Part of for CTOR: buriol,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 💢, Inquiry 🔲,	and in my apinian
crorried ECTO		death resulted fram: Wayral causes 🔯, Attribent 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
please director director or to b		CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE CYCLUM SIGNATURE SIGNATURE 22b. DATE SIG	NED /- LX
Pul San Une Une NER		EXAMINER'S DEPUTY MEDICAL EXAMINER	-6000
TO DEPUTY COLLAIL EX necessory, please execut the funeral director. Pag 5 may be refoined for y TO FUNERAL DIRECTOR: PHeolth prior to buriol,	200	NAME (Type) ADDITION OF White Exposition of the Control of the Co	1 le Gerroff
D = = 20 T = V	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Co. ASMOVALS Specify) 7/100/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	ounty) (State)
~ ()	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE MID
VR ATSME (S)	Z.v.	4. 2. muero b. information md 11 10 1868 (charles)	mage
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	1		09794	DIVISION OF VITAL RECORDS	OF DEATH OF DEATH OF DEATH	LTIMORE, MARYLAND 21201	09990
	: 22//	1 1 1	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR-
	to act		ype or print) Mich		Baugher	July 75 Month 17.	
	a [5/	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
4.5	B ***	f	emale	white	July 177,	1968 last birthday) YRS	MONTHS DAYS HOURS MIN
•	4 haur in by ers. P	70. I	BIRTHPLACE (State or foreign herry) Maryland Carroll	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Md.
^	ithin 2 by filled an pap within	10. (ITY OR TOWN OF DEATH Westminst	give street address)	ISTITUTION (If not in hospitol 12c. U. during	SUAL OCCUPATION (Kind of work done most of working life, even if refired.)	12b. KIND OF BUSINESS OR INDUSTRY
100	equires that the death certifice to be lexicuted within 24 haurs after death physician. Signed by the attending physician and completely filled in by the Tune burial-transit permit. Then please remave carban papers. Pages for burial, crematian, ar remaval, and in any event, within 72 hours are peon.	13a. odm		ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. IMSIDE CITY YES	Y LIMITS? 13e. STREET AND NUMBER	
OF	ind com		ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAMI	First Middle	Last
111	oe ee e		Millard	Samuel Baugh	er.Sr. She	rry Lynn Ros	enherger
16	physician on please naval, and i		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w		NO. 17, INFORMANT mother	Address	
115	The Plant		1B. CAUSE OF DEATH (Enter an	ly one couse per line for (o), (b), and (c) BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	The law requires that the death ce, attending physician. has been signed by the attending prise as the burial-transit permit. The th prior to burial, crematian, ar remain the complex of the prior to burial, crematian, ar remains the complex of th		PART I. DEATH WAS CAUSED IMMEDIA	O BY: TE CAUSE (0) IMM. Tuve	- I WIN TEKUS		5.0/
	affe perr		1/0.1	DUE TO, OR AS A CONSEQUENCE OF	- f	21.10	Yant
	equires that the physician signed by the burial-transit burial, crematic		Conditions, if any, which gave a rise to immediate cause (a),	(b) bremadere	- Deparcheou,	11alental	. 2
	s the		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	7		
	quires the physician signed by burial-tra		18113	IDITIONS CONTRIBITING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1(a)	
000		-	IWIN Tues	es and outiness	ted 5/2 h	and the	
70	The law re attending has been se as the h prior ta	ATTO		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
(4.)	The atternation of the second of the property	CERTIFICATION		1	YES NO	CAUSES OF DEATH?	25
00 W	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta	MEDICAL CER	21 a. ACCIDENT WAS UNDERLYIN or contributing cause of Deat (If either, notify medical examin	H HOUR A.M. Month Day Year		nter nature of injury in Part 1 or Part 2	Item 1B.)
	ATENDING PHYSICIAN: etained by the haspital ar CTOR: After this certificate shauld be detached far urith the State Dept. af Heal	ME			ACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
	ING frer frer be d state		22a. I certify that (I) (th	is haspital) attended the deceas	sed from 7-73, 19	60, to 7-15, 1	hat (I) (we) last
	OR: A			live an	sed from 7-73, 19 19 <u>60</u> , and that in (447) (aur) c bady after death.		
	OR ATTENI be retained SIRECTOR: A e 3 should ed with the	H	22b. SIGNATURE	M. Freem	DEGREE PHYS.	MED. STAFF 224	DATE SIGNED
	TAI AI I Pag e fill		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		163
	O HOSPITAL Page 4 may O FUNERAL I director, pag should be file		Kar	1 M.Green.M.D.	181 Fair	field Ave. West	
	Page O FUN direct shoul	230.	BURIAL, CREMATION, REMOVAL (Specify)	7/18/68 23c. NAME OF	CEMETERY OR CREMATORY HOSpit	23d. LOCATION (City or Town)	(County) (State)
	5-5 W	24	FUNERAL DIRECTOR	ADDRES	2So. REC	BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
0,	VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR Glenn AF	isher, Adm.	DATE A	UG 1 5 1968 JCC	cortes Judges
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NA		29737	DIVISION OF VITAL RECORDS,			RE, MARYLAND 21201	20.	,
				ERTIFICATE OI			^9;	>
		CEASED-NAME First	Middle	Lost	20	DATE OF DEATH	V	2b. HOUR
	1 (1	(ype or print) Leola	G. Bori	ng		Month Do	Yeor Yeor	10 pM
	3. \$6		4 RACE *	5. DATE OF	BIRTH	6. AGE (In years		UNOER 24 HRS.
		Female	Caucasian	Sept	. 2 1890	last birthday)	MONTHS CAYS H	OURS MIN.
		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M		OUNTY OF DEATH		
	COU	Maryland	U.S.A.		concen [17]	impoll		Md.
	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TIVION (If not in hospital	1 120 USUAL OC	CUPATION (Kind of wark dane	126 KIND OF BUS	
,	ToTo	stminster Md.	give street address)Carr	oll County ral Hospita	during most of Housewi	working life, even if retired.)	INDUSTRY Non	
	12.	HISTIAL DES DEMICE (Whom downers	of Lived if metitution. Peridones polars	13c CITY OR TOWN	13d. INS DE CITY 1,MiTS?	13e STREET AND NUMBER	NOI	<u></u>
1	odm	ission) STATE Maryland	13b COUNTY Carroll	Hamostead	YES NO	R.D. 2		
,		FATHER S NAME First	Middle Lost		MAJDEN NAME First	Middle		Lost
		Theodore	Hare	Deli	la	٧. ٦	laire	
	16a.	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b. SOCIAL SECURITY I			75 Permi.		
	Y	es, no, or unknown) (If yes give was	213-16-94	91 Mr. Alb	ert L. Men		ter. Md.	21.157
							APPROXIMATI BETWEEN ONSET	E INTERVAL
		PART I DEATH WAS CAUSED	y one couse per line for (o), (b), and (c). BY TE CAUSE (a) CONGEST	TILE let	FRAT	FAILURE	2 WI	
		11120 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	10 - 14	WK-1	7.7001-12		
	ı	Canditions, if any, which gove		SCLEROT	in He	DET DICKE	e VED	05
	1	rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF	SCLEROT	10 14-1	JOEN JOEN	- year	p
		stoting the underlying cause	(c)					
		PART 2 OTHER SEGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
		4200				(,,		
	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AU	JTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERT	IFYING
1	12			YES [□ NO □	CAUSES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYING	3 216. TIME OF INJURY			ure of injury in Part 1 or Port 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year					
	₩ E	(If either, natify medical examine 21d. INJURY OCCURRED 21e. F	PLACE OF INITIRY / AT HOME FARM STREET FAC		treet or RFD No	City or Tawn	County	Stote
		While Not while at work	OFFICE BUILDING, ETC			,	,	
			s hospital) attended the decease	ed from 7/	8 19608	to 7/1/ 1	9.68 , that (!	(we) last
		saw the deceased ali	ive an "7///]	9 68 and that in (my) (aur) apinian	death accurred an the d	ate and haur an	d fram the
		causes stated abave,	,(I) (we)(did)(did nat) view the	bady after death.				
		226 SHONATURE		O A.C. ATTEN	DING MED.	STAFF C	DATE SIGNED	
	L	Vericent	J. Priores	PHYS PHYS	DIRECT	OR LI PHYS LI	1111/68	
-1	1	22d: PHYSICIAN S NAME (Type)		22e A	ADDRESS			
£			<u> </u>					
	23a	BURIAL, (REMATION 23b. D. REMOVAL (Specify)		CEMETERY OR CREMATORY		LOCATION (City or Town)	_ ' ''	(State)
				orahams Ceme		eckleysville	altimore	Md.
	24	FUNERAL DIRECTOR	4 11 324 N. M	ain St.	52 PECO IN BO	GIS 1968 25 CECAN	S. Ladar	
		Jul 60 4	+ CKA . Hampstea	d. Maryland	DATE		1	



	1	MARYLAND STATE DEPARTMENT OF HEALTH On the state of the	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME - Fist - Middle Lost 2a DATE KNOWN Manth Day Year	2b HOUR
∞ ₽ ■ 8		(Type or Print) ELMER HERBERT BOWEN OF ESTI DEATH MATED X 7-14 19	68 1 M
deloy and 3 M3. Po		SEX 4 RACE S DATE OF BIRTH 6 AGE IN yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Male White 7/26/1896 Page In yours Oly S Hours Oly S Mill Month Day 14 Year 196	20 HOUR
1, 2, orm PM		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ath ages lith forrith forr	-	USA WIDOWED ☑ DIVORCED ☐ Carroll County	Md
after death. S. Give Pages blong with for with the Stote eath.		Westminster 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital during most of working ite, even if retired) 12. Name of Hospital or Institution (Kind all work done like the during most of working ite, even if retired) 12. Name of Hospital or Institution of Institution	eusiness or caping
	130	o USUAL RES.DENCE (Where deceased lived, if institut an. Residence before domission) STATE Md. 13b COUNTY Carroll Westminster No. 13c COUNTY Carroll Westminster No. 1426 Sullivan Rd.	
hours a Item 18. Office of Iond 2 w after dec	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
24 H		Augustus T. Bowen Kate Caldw	ell
within 24 pencil in adminers		o. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos. no, or unknown) (Plyos gave wor or doles of service) 212-03-3533 Mrs. Gloria Burkins-426 Sullivan	273 7
THE STATE OF THE S		ADDROV	AATE INTERVAL
be executed will pending in pending in pending on pending Examited Examited Examited Examited Executed within 72 in pending 72 i		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Curcusus Color Court Co	NSET AND DEATH
e execute pending a sf Medicol sit permit.		1538 DUE TO, OR AS A CONSEQUENCE OF Sluly & Guerria	
be "pe "pe hief onsit		Conditions, if any, which gave nise to immediate cause (a), (b)	
s certificate should be executed within 24 e, writing the word "pending" in pencil in forwarded to the Chief Medical Examinar's used as a burial-transit permit. Fire pages emoval, and in any event within 72 hamrs		stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF Recurring that Carthieles (c)	w
is certificate shate, writing the forworded to be used as a burremoval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certification or worth used moval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTO	PSY?
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The state of the s	24.	Burial 7/17/68 Jno.Luther Miller Mem. Carroll Cty., Md. 4. FUNERA. DIRECTOR ADDRESS IZSO RECD BY REGISTRAR IZSO REG STRAR S SIGNATURE	-
VR A15ME (5) 1 10M REV 1/68		ustin E. Donovan-3818 Roland Ave. DAR UL 16 1968 Charles Que	st.
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MARYLAND STATE DEPARTMENT OF HEALTH

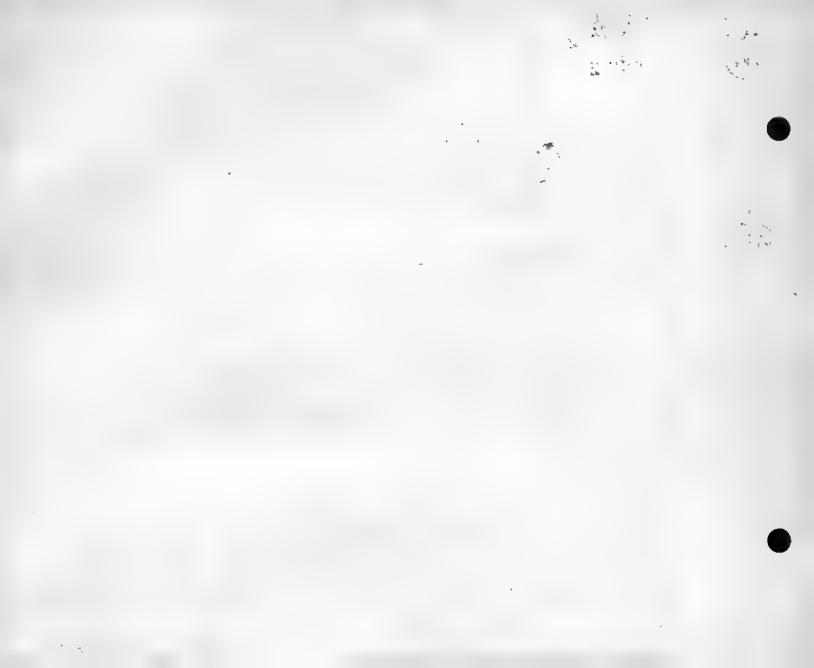


MAKTLAND STATE DEPARTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 296 DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR P ond 2 deoth. requires that the death certificate be executed within 24 hours after death. **funeral** (Type or print) Yeor WI LLIAM MATTHEW BROWN 4 RACE S. DATE OF BIRTH HE LINDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) MONTHS DAYS HOURS Male White 1-3-1886 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or fore on 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED [(country) Naryland Carroll DIVORCED | WIDOWED [7] U.S.A. and in any event, within 72 completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Springfield State Hospital Plasterer (retired) INDUSTRY Blizzard remove corban Sykesville 130 USUAL RESIDENCE (Where deceased lived, if institut on Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Baltimore City YES X NO 1308 Morling Ave. Baltimore Maryland 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Lost Middle Matthew Elizabeth Blouse Brown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) I (If yes give wor or dotes at service) 218-09-8582 Records, Springfield State Hospital APPROX.MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) Bilateral pneumonia burial-tronsit permit burial, crematian, or DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gove) (b) Arteriosclerotic heart disease Years rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost 4200 (a) Bilateral nephrosclerosis Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prant to be Diabetes mellitus. 1396 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? THENDING PHYSICIAN: The CAUSES OF DEATH? YES 🟋 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City of Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 5-23-68, 19 saw the deceased alive an 7-17-68 19 and that in (my) (our) or saw the deceased alive an ____(-1/-68___19___, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death be retained 22c DATE SIGNED STAFF \mathbf{x} 7-17-68 DEGREE DIRECTOR L PHYS 22e ADDRESS Springfield State Hospital 22d. PHYSICIAN S NAME (Type) Glocrito G. Sagisi, M. D. Sykesville, Laryland 2178/ 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23o. BUR AL CREMATION. (County) (State) 7/20/68 Moreland Mem. Park Baltimore Md. ADDRESS 25o, REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Austin E. Donovan - 3818 Roland Ave. 30M REV. 1/68



MAKTLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



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€ ~5€			CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b, HOUR
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			18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (ϵ))		APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
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CA State of the state of the st		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year r) P.M. 1	9		
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he he this lete			While Not while of work	OFFICE BUILDING, ETC.			
ING by t ter ter tate			22a. I certify that (1) (this	hospital) attended the deceos	ed_from_4-14-3	7_, 19, ta7_19_, 19 Rour) apinian death occurred on the da	68 , that (t) (we) lost
ed led led led led led led led led led l			sow the deceased all	ve an (did) (did) (did) view the	1900, and that in (nit)	K (our) apinian death occurred on the da	ite and hour and from the
OR ATTEND be retained DIRECTOR: A			22b SIGNATURE	(BC (me) (ara) (arabasa) view ine	body offer death	22:	DATE SIGNED
OR A DIRECTOR 3 see 3 seed will			228 STORMTONG	- 1724	DEGREE PHYS		7-19-68
1. Day	٠, ١		22d. PHYSICIAN S	1 Com	22e. ADDRI		
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	N	24.	FUNERAL DIRECTOR	0. 901 S. 4081	kling St.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Film G 403 8/2/68 11w DECEASED NAME Lost 2a. DATE OF DEATH 2b HOUR Ju] Month (Type or pnnt) Clifton 10: R 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthday) Female Maite Julie 22. requires that the death certificate be executed within 24 haur 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA Chrisll WIDOWED K DIVORCED [event, within 72 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) dumen most of working ife even if retired) INDUSTRY Seate 3/mesville 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 3/tesvil burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle Last Last Herbert Gertrude Forle Shipley 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, pa, or unknown) Louise Molland Saul sharry 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).

PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. RUPTURE OF AN ANEURYSM OF THE AORTA few minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) GENERALIZED ARTERIOSCLEROSIS Vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes HYPERTENSIVE CARDTOVASCHLAR DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) far use as the b f Health priar tab FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? of Health Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. directar, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (NASANSSANDE CONTROL of the deceased from April 1935, 19 ..., to 3/July/68 19 saw the deceased alive on 1/July/68 ______, and that in (my) from opinion death occurred on the da and that in (my) (mor) opinion death occurred on the date and hour and from the causes stated above, (1) book (did) that most view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 3/July/68 M. D. DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e, ADDRESS NAMF (Type) H. Lawson 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL, CREMATION, 23b DATE (Stote) REMOVAL (Specify) lid. Sarintfield Ceine t ADDRESS 25a. REC'D BY REGISTRAR



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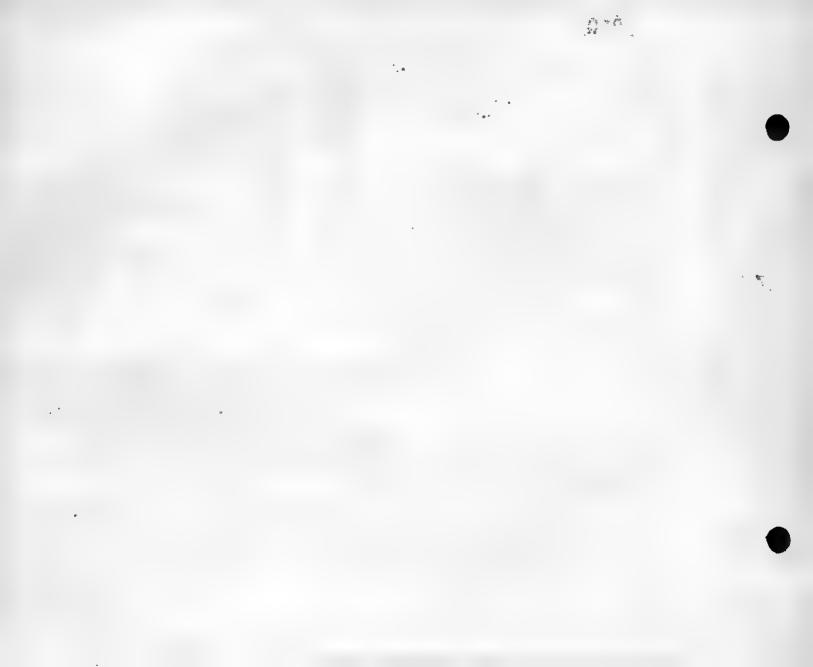


	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(AA)		CERTIFICATE OF DEATH
THAT Y'E	1 DI	CEASED-NAME GINAICES Middle Last 20. DATE OF DEATH 26 HOURS
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affe ges aff	1	M 9-15-1891 last birthday) YRS. MONTHS DAYS HOURS MIN.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dege 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 a should be file with the State Dept. at Halling priar to burial, cremation, ar remaval, and in any event, within 72 haurs after degree.	COU	REDCRICK CO US. A. WIDOWED DIVORCED CARTOLL COUNTY Md
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ding fr		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (b) CORDNAR THROMBOSIS MINUTES
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CIA if figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. 39
OR ATTENDING PHYSICIAN be refained by the hospital DIRECTOR: After this certificage 3 shauld be defacthed far tell with the State Dept. af He	ME	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town County State
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by the free state		22a. I certify that (1) (this haspital) attended the deceased from, 19 64, to, 19 68, that (1) (we) lost
ATENDING etained by the CTOR: After the shauld be distributed by the shauld be distributed by the State of th	П	22a. I certify that (I) (this haspital) attended the deceased from
TA Figure 1		AN DAY CIANTO
OR Per		June of J. Record Degree PHYS. DIRECTOR DIRECTOR 1222. DATE STORED 1/16/68
L D d t		22d. PHYSICIAN'S 1 22e. ADDRESS 22e. ADDRESS
PIT mo	1/	NAME (TYPE) MARCENT J. FIOCE & JR. SANCHAR ST. MESTAINSTER MD
O HOSPITAL Page 4 may O FUNERAL director, page should be file	230	BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (County) (State)
55 5 4 W	1	SEMOVALISPECTY JULY 19,1968 ST. JOSEPHS CEM, EMMITSBURG FRED. MD.
VR A15 (4)	24	FUNERAL DIRECTOR 250. REGISTRAR 256 REGISTRAR'S SIGNATURE
30M REV. 1/68	1	amis 6 Saffilf 1825 THINSTER MA DATUL 18 1968 Schooles Judge



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
	1 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) Month Doy Year 1
	20HN 13ENTON EBAUET 7 17 68 1-8
-	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years FUNDER YEAR FUNDER
ł	11/12 WHITE MAIL 1895 7.3 YRS.
1	76 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)
I	
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital \$120. USUAL OCCUPATION (Kind of work done 12b. KIND OF RUSHIESS OR
ļ	WESTMINSTER Give street oddress) Co- CrEN, HOSPT ENGINEER FOR COLLEGE BLDG
l	13a. USJAL RESIDENCE (Where deceosed lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER AFFORMACION
I	MARYLAND CARROLL WESTMINSTED & LANGATOWN ROAD
	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	WILSON EBAUGH ELIZABETH DULL
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Jinknown) Id yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address UNIONTOWN ROAD
	- 17 19 BOLG 11 LUCINE LISHUGHT WE THINGTER ME
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY
l	PART I. DEATH WAS CAUSE (a) ACUTE PASSIVE CONGESTION - LUNGS HOURS
	DUE TO, OR AS A CONSEQUENCE OF Carditions, it any, which gave) DAVE DAVE
	rise to immediate cause (o).
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF STORING THE UNDERLINE VIEW TO STORING THE PLANT OF THE PROPERTY
	PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PRICESSES
	A A
I	MALNUTRITION ASSOCIATED WITH SUBTETIAL GASTRECTIONS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACC DENT WAS UNDERLYING 1216 TIME OF INHIRY 1216 HOW INHIPLY OF CHEEPED. (First parties of inhibitor in Part 2 Ison 192)
ı	₹ I OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
I	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town. County State While - Not whil
1	While Not while of work with the street of Noury (A Howel Park, Street, Particle) 21# LOCATION Street or R.E.D. No City or Town County Stote
	22a. I certify that (1) (this haspital) attended the deceased fram 7/3 1968, to 2/17 1968, that (1) (we) low
	saw the deceased alive an
ı	ca_ses stated abave, (1) (we) (did) (did nat) view the bady after death.
I	2226-SIGNATURE 1/1 Lucioux A Francis Director D
	22P PHYS CIAN S NAME (Type) 22e ADDRESS
ŀ	230 BJRIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
I	DEMOVAL (Specific)
ŀ	13/18 19 7 20/68 MEADON BRANCH CEM NESTMINSTER CARROLL MD 24 FUNERA, DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR SIGNATURE
	2.2. Murero In Westmanster Md-part UL 2 4 1968 Charles Inde

MAKILAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10007 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR deoth. requires that the dealb certificate be executed within 24 hours after death guo (Type or print) ECKER RACHEL JANE 301 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS MONTHS last birthday) 29 JAN YRS. 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) WIDOWED DXT DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if ret red.) 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY remove corban HOUSEKEEPER OWN HOME 130. USUA: RESIDENCE (Where deceosed lived, if institution: Residence before 13e STREET AND NUMBER 13b. COUNTY 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle ZABETH 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes no. ar unknown) LINION BRIDG 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY TENERR Gears IMMEDIATE CAUSE (o) signed by the off DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending as the prior to b O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) þ OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 22a. I certify that (I) (this incepted) attended the deceased fram. saw the deceased alive an. and that in (my) (aut) opinion death octurred on the date and have and from the director, page 3 should should be filed with the causes stated abave, (1) (did) (datast) view the body after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION (County) (State) (City or Jown) EUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68





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	ter function	3. SE	X	4. RACE	S. DATE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER 1 YEAR IF JHOER 24 HRS
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	and	160.	WAS DECEASED EVER IN U.S. ARA	and our distance of a country!	NO 17 INFORMANT	Address	Исм
	The law requires that the death certificate be executed within attending physician. has been signed by the attending physiciap and completely firse as the burial-transit permit. Then please remove carban the prior to burial, crematian, ar remaval, and in any event, with		es, rid, de dinksiowity	226-40-7	738 DOROTHY FOW	BLE UNION BI	
	The		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b) and (c))	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	equires that the physician. signed by the contract burial-transit puburial, crematia		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
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	可能信息を	MEDICAL	OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical exami	ner) P.M. month boy reo	19		
	HYS has s cer	ME	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY.) 21f. LOCATION Street or R.F.D. N	a. City or Town	County State
	the detector		at work of work		100		
	line be of the		22a, I certify that (I) (th	is hospital) attended the deceo	sed from 4-18-19-19-	, to	9, that (I) (ves) last
	Ped A Ped		saw the deceased o	live on 7/7/68 e, (I) (and) (did not) view the	19, and that in (fny) (our) or	pinion death occurred on the d	ote ond hour ond from the
	the special states of		22b. SIGNATURE	s, (i) (and did (and b)) view inte	Body offer deoff.	220	DATE SIGNEDA
	REC 3 s d wil		16	(asia do N	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	1/24/68
	TI A Diagonal Market		22d PHYS CIANS	- Carres I	22e ADDRESS	DIKECTOR CO PRIS. CO	121160
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	Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, cres.	23a	BURIAL, CREMAT ON, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stale)
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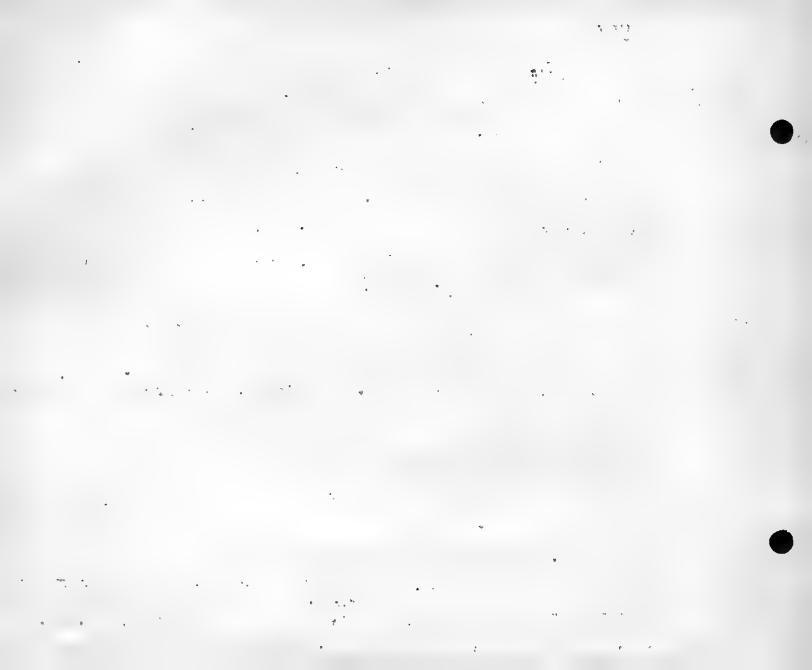




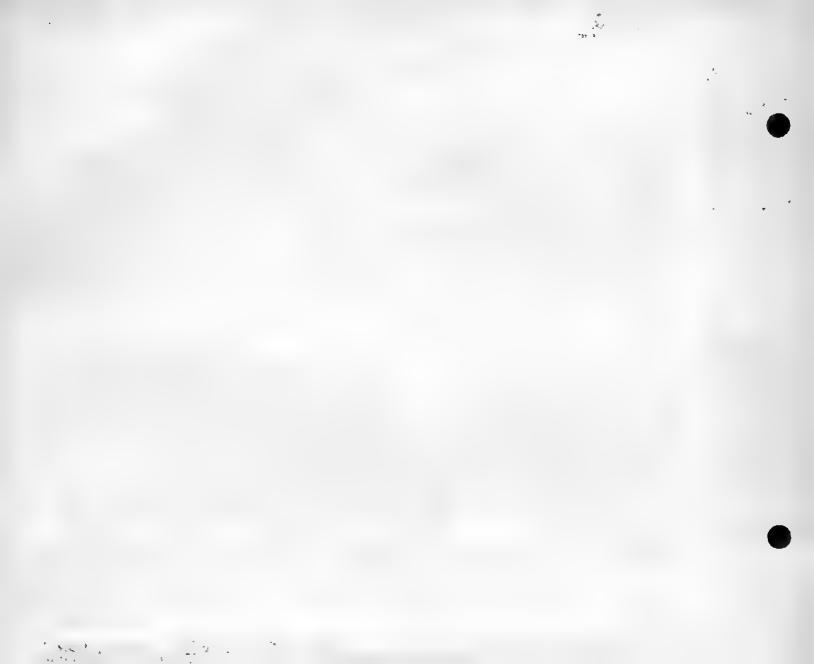
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TOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First M ddle Lost 20 DATE KNOWN Month Day Yeor 25 HOUR OF ESTI-
5 m 2 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m		DEATH MATED -4- 1968 PM
deloy ond 3	3 51	las birmor) MONTHS DAYS HOURS MIN Month 1 Day 42 Year 10 200
\$ 10 m	70 1	BRITHPLACE (Stote or foreign 126 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED TO DEATH CARBOLITY
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s certificate should be executed within 24 hours after e, writing the word "pending" in pencil in Item 18. Giv forworded to the Chief Medical Examiner's Office along used as a burial transit permit. File pages Tamd 2 with emoval, and in any event within 72 hours after death	13a a	USUA. RESIDENCE (Where deceased lived, it institut an Residence before 136 MY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER) draissian) STATE NO 13b. COUNTY Baltinian YES 120 Fieldmost and
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ed with the period of the peri		18 CAUSE OF DEATH (Enter only one cause per line for (b), and (b).
should be executed ne word "pending" in to the Chief Medical Eburial transit permit. For any event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Suffaction by Stroubles Sudden
e ex ef M sit p		DUE TO, OR AS A CONSEQUÊNCE OF
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VER: certil hould les. shoel	MEDICAL	CAUSE OF DEATH 4: 50 PM : 7-4 19 60 Swimming in Patapsco River of Coarson
= 6 11 5	~	21d IN.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, AT WORK AT WORK AT WORK Patapsco River 21f, LOCATION Street or R F D. No. City or Town County State Marriottsville Carroll Md
		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion
rcal E executor Page ed for Collection Colle		death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner
please er director retained I DIFFICT or to bu		ACTUAL STATE SCALED
		SIGNATURE ASSISIANI MEDICAL EXAMINER ASSISIANI MEDICAL EXAMINER
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nece the 5 m 10 fil	230	BURIAL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City of Town) (County) (STATE)
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7	•		64648		CERTIFICAT	E OF DEATH			_
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, and the second	remake rany ev		MARYLAND	CARNOLL	NEVY W	///DSURIE NO	MI (NO STRE	ET)	
ě	rem n any	14.	FATHER'S NAME First	Middle Last		THER'S MAIDEN NAME Fire	st Middle		Last
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(File)	무를 할	H			100	7//	7(61) 1/1/1	APPROXIMAT	E INTERVA.
	E . E		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c)				BETWEEN ONSE	T AND DEATH
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<u></u> = ±	The set	CERTIFICATION				YES NO			
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G PHYSICIA the hospital	ifter this certifue defacthed State Dept. of	至	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21F LOCATE	ON Street or R.F.D. Na	City or Town	County	State
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<u> </u>	A T		saw the deceased a	Ive on	and the و 19 ا	of in (my) (our) opin	ion death occurred on the	dote and hour an	d from the
	acilia de la composition della		cayses stated above	e, (I) (we) (did) (did nat) view the	baay ofter deot	h.			
A d	6 % £		220 STONATURE			ATTIVITY AND AND	22	c. DATE SIGNED	/
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* ×	L DIRECTOR: A oge 3 should filed with the		22d PHYSICIAN'S			22e ADDRESS			- II
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH n papers. Pages 1 ond thin 72 hours after deoth (Type or print) requires that the death certificate be executed within 24 haurs after death Ernest Kinder 4. RACE 3. SEX S. DATE OF BIRTH (FUNDER) YEAR 6 AGE (In years last birthday) ZHTHOM CIAYS Male White Jan. 25, 1895 HOURS filled in by t 7o BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [] NEVER MARRIED [www.aryland Carroll U.S. DIVORCED [WIDOWED IX 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

Carpenter 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Westminster

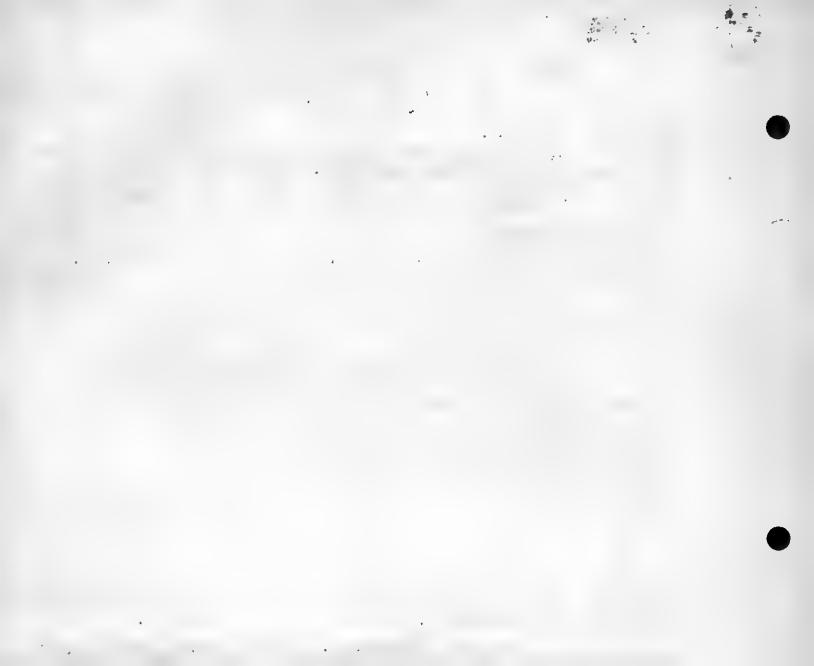
130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN admission)

STATE

13b. COUNTY

13c. CITY OR TOWN 12b. KIND OF BUSINESS OR INDUSTRY 13d INSIDE CITY SIMITS? 13g STREET AND NUMBER 13b. COUNTY Baltimore Md. YES 🗀 Byrley Road NO 🗍 Fowblesburg TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and clinector, page 3 shauld be detached for use as the burial-transit permit. Then please remainshould be filed with the State Dept of Health prior to burial, cremation, or removal, and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Gustav Kinder Unknown 166 SOCIAL SECURITY NO. 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknown) (If yes give war or dotes of service)
Yes WW1 218-18-0948 Mrs. Alma Redsecket Fowblesburg. Md. APPROXIMATE INTERVA 1B CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH CARDIAC ARREST IMMED Canditions, if any, which gave) HRTERIOSCLEROTIC HEART DISEASE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TXV 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (1) (this haspital) attended the deceased fram saw the deceased alive an 2/6, 1968, and that in (my) (aur) opinion death occurred an the date and hour and from the causes/stated above, (1) (we) (did) (did nat) view the bady after death. STAFF PHYS. DIRECTOR 22d PHYS CIAN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b-DATE (County) (State) 23o BURIAL, CREMATION, REMOVAL (Specify) July 20,1968 St. Pauls Arcadia, Md. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Tipton Eline Funeral Home, Hampstead, Md. DATE JUL 23 30M REV 1/68

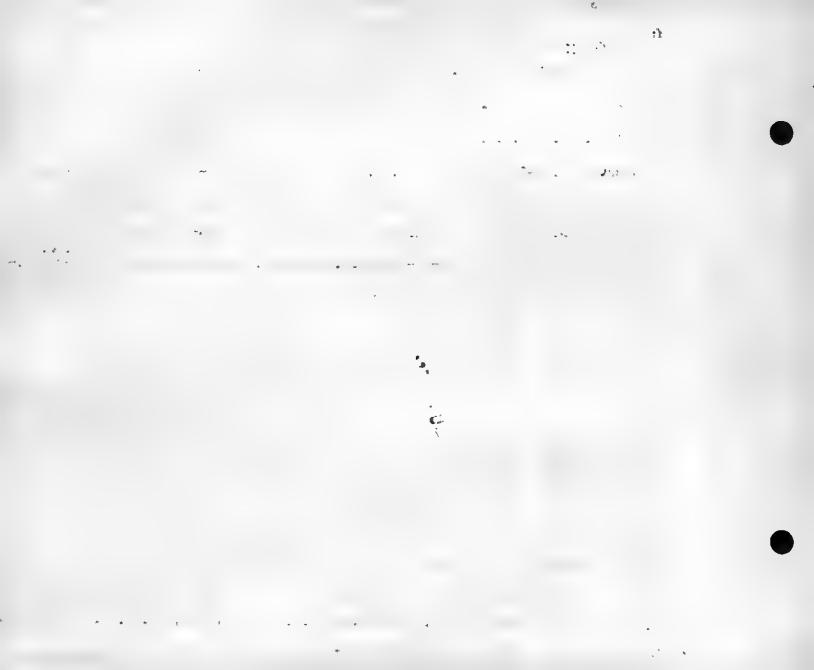


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	or or us			210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRED (ury in Part I or Port 2,	Item 18.)	
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	D ag			22d. PHYSICIAN	2 10-00	ine /	DEGREE PHYS. 22e. ADDRESS	DIRECTOR	PHYS.	111168	
	RAL RAL Po			NAME (Type) JOSE	A. RAC	SUEL J	Z. M.D. Spring	field !	State Ho	SD. MA	P
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificote be executed within 24 Page 4 moy be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper-should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72		720	BURIA., CREMATION, 23b D	ATE	Tas NAME OF	EMETERY OR CREMATORY	23d IDCAT	ION (City or Town)	(County)	(State)
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or or are		21a. ACCIDENT WAS UNDERLYIN			(Enter nature of injury in Part 1 or Part 2,	Item 18.)
ICIA Sital Sital di fo af H	MEDICAL	or contributing cause of DEAT (If either, notify medical examin		Year 19		
OR ATTENDING PHYSICIAN: The law re be retained by the haspital or attending SIRECTOR: After this minificate has been in 3 shauld be detached for use as the ed with the State Dept. of Health priar ta	W	21d. INJURY OCCURRED 21e While Nat while at wark	PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	ET, FACTORY.) 21f. LOCATION Street or R.F.	.D. Na. City ar Tawn	County State
ING by til fter oe d	1	22o. I certify that (I) (the	is hospital) attended the dec	eosed from 7 - 2 3- ,	196 C, to 7 5-, 19	thot (I) (we) lost
TEND lined b local to the S		sow the deceased a causes stated obove	live on 7·2 5-·6 e, (I) (we) (did) (did net) view	6. 19, and that in (my) (our the body ofter death.	r) opinion deoth occurred on the de	
A Se Disk the	1	22b. SIGNATURE	26	DEGREE PHYS	a MED 🗀 STAFF 🗀 🚐	DATE SIGNED
DOIR Ge		Jung &	thomas	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	24.68
TO HOSPITAL OR ATTENU Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)	· wyc E Tho	MICCOY ZE. ADDRESS	Sanbyer "	Ru,
O HO: Page O TUN O TUN Shoul	230	BURIAL, CREMATION, 23b. I		E OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				Bartholomew Cemeter RESS 250 R	ery Hanover, Pa. R.	SIGNATURE
VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR	7 . 3 . //	estown, Pa		corles Judge



470		1	, 8	MARYLAND S	TATE DEPARTMENT OF H	EALTH	
for .	1		DIVISION OF	VITAL RECORDS, 301	W. PRESTON STREET, BALTII	MORE, MARYLAND 21201	
14	$(\Lambda\Lambda)$		55556	CER	TIFICATE OF DEATH		11021
	(IVI)~=	1. DE	CEASED NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
	death	(T	YPE OF PANTY STAMATIA	A	1FTRIS	Devely Manth 1 Day	1968 5 AM
	# (2) #	3. SE			S. DATE OF BIRTH	C.6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	# (4 %) #		FEMALE . WH	ITE	APRIL 17	14/2 56 YRS.	MONTHS DAYS HOURS MIN
- 4	Page 1	7a E caun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WH. ITY) GREECE U.S	m m	MICKIED THEYER MIAKKIED	COUNTY OF DEATH	Par
	24 in per in 72				DOWED DIVORCED	CARROLL	CO. Md
	requires that the deoth certificate be executed within 24 hays g physicion. In signed by the attending physicion ond completely filled it by a buriol-tronsit permit. Then please remove carbon papers Poo burial, cremation, or removal, and in any event, within 72 hays.	10. C	ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH	AME OF HOSPITAL OR INSTITUT	ION (If not in haspital 120 USUA. during ma	OCCUPATION (Kind of work done of the street)	12b KIND OF BUSINESS OR INDUSTRY
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	ecute comp ove c		ssian) STATE MARYLHAD COUNTY	TIRRULLIV	EST MINSTERS ENO	SOUTHAULE	- STREET
	ond rem	14. F	ATHERS NAME First Middle	TAGARA	S STELEA		> Lost
	ion sase and	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO	17, INFORMANT		AME
	ifica nysic ral, c	Y	es, na, ar unknawn) (If yes give war or dofes at service)		EVELYNA. Li	FTRIS ADD	DESS
	cerl g pl Ther mov		18 CAUSE OF DEATH (Enter only one cause per lin	ne for (a), (b), and (c))			APPROX MATE INTERVAL BETWEEN DISET AND DEATH
	oth ndin if.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Metastatic	Carcinona		STATE OF THE SECTION
	aftermerm, on, c		1538 DUE TO, OR A	S A CONSEQUENCE OF			
	the the sit plantic		Canditions, 'f any, which gave') (b)	Carcin	one ythe col	·	
	that in. by 1 on: rem		rise to immediate cause (a). Stating the underlying cause DUE TO, OR A	S A CONSEQUENCE OF			
	res sicio led l ol-tr		last. (c)				_
	phy phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1(0)	
	w refind	×	152'				
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	r of r of control of the control of	ERTIF	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF	VARIOUS	YES NO T		103
	JAN: al o al o ficat for He o		DR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	Manth Day Year	21C HOW INJUKT OCCURRED (Enter	nature of injusy in Part 1 or Part 2, 1t	/em 18.)
	Spit spit spit entif ed t. of	MEDICAL	(If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (19	214 LOCATION CARRAGE DE D. No.	City or Town	County State
	Page 4 may be retained by the hospital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 layers 4 may be retained by the hospital or attending physician ond completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72.		While Not while of work	, DEFICE BUILDING, ETC	21f LOCATION Street or R.F.D No	CITY OF TOWN	County State
	ING by t fiter be o		22a certify that (1) (this haspital) after	inded the deceased fr	om 6/17, 196	r, ta 7/11, 195	68 , that (i) (we) last
4	TENDING by the ONE of the State		saw the deceased anve an causes stated abave, (1) (************************(did) ((did not) view the bady	L, and that in (my) (aur) apin rafter death.	ian death accurred an the dat	ie and haur and fram the
	Short Short		22b. SIGNATURE	. /	ATTENDINGME	D. STAFF C	DATE, SIGNED
	OR be r		John S. Hara	hoy mis	DEGREE PHYS La DI	RECTOR PHYS.	11/68
	O HOSPITAL Page 4 may O FUNERAL director, page should be fi		22d. PHYSICIAN'S NAME (Type)) OHW S_	HARSHEY	not. I anoh	or St. Wastine	martin was
	UNE Crtor	230	BURIAL, CREMAT ON, 23b. DATE	123c NAME OF CEME	TERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
	Page Share	,	BEMOVAL (Specify) 17/13/68	MITCH	INSTER CEM.	MIESTMINST	ER MD
	Vi	24.	FUNERAL DIRECTOR	ADDRESS	2Sa REC D BY		S GNATURE
	VR A15 (4) \\ 30M REV 1/68		x-2-myeso, p.	Watnum	ala malle 15	1968 Schanles	Judge



	,	1		MARYLAND STATE DEPARTMENT OF HEALTH
	1	- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
p.	•	ı		CERTIFICATE OF DEATH
Pr :	2.5	ı	1 DE	CEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
er death	and 2 death.	- 1		ype or print) CORA MAN MANCHA July Month 31 Doy 1968 7 AM
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<u> </u>	for after	- 1	J 3E	S DATE OF BIRTH S DATE OF BIRTH A 6 AGE (In yeors IF UNDER 1 YEAR IT UNDER 24 HRS IN HOURS MIN) MONTH'S DAYS HOURS MIN
	E & 2			1- 11/12 JANUARY 21, 1814 74 YRS.
- E/	No uns		70. B	IRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	- B.E		10 C	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
within)	ban pap within		W	ESTMINSTER give street address) SISHOP ST. during gross of working ite, even if retired.) INDUSTRY
	a a e		130	LSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
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Xec	ng co	-	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
<u>හ</u>	ond rer			GEORGE FREDERICK WAGNER REBECCA ANN LEPPO
ер С	an Se od i		,	
5	Sici Ple Tal			as no or Hoknown) (If yes give wor or do'es of service)
ŧ	phy en ovd		_	All the state of t
90				18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
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0	afte ern			DUE TO, OR AS A CONSEQUENCE OF
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p d	by trans			rise to im mediate couse (a), Court of the couse (b), Court of the cou
iciai †	2 = -			lost (c) Pice for to sellet 1/1 tus
hys	signed by the burial-transit burial, cremat			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ĕiệ	r t		S.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
re l	as page		2	YES NO TO CAUSES OF DEATH?
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician.	this certificate has been detached far use as the e Dept. af Health priar ta	X	CERTIFICATION	
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<u> </u>	清点を		MEDICAL	(If either, notify medical examiner) P.M. 19
HYS	s ce		Σ	21d INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
<u>a</u> e	e De te			ot work U of work U
OR ATTENDING	After d be c e State			22a. I certify that (1) (this haspital) attended the deceased fram NOV, 24, 1967, to July 26, 1965, that (1) (we) last
9 8	id E			saw the deceased alive an 116 2 2 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death.
	A DE			
Tet A	N S S			226 SIGNATURE 220 DATE SIGNED STAFF SIGNED
	e g e			We belight, Miledle Mich o DEGREE PHYS. DIRECTOR - PHYS July 31, 1768
TAI on	Page P	,		22d. PHYSICIANS DILLIP THE MERCER 22e ADDRESS WINGET HECTRICAL MED
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5 2	5.04	Ox'		PENOYALSPECTY AUG. 3:1968 MESLEY CEMETERY HANGSTEAD (NIROLL, MD.
•-	VR A15 (4)	12.4	24.	FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE
	30M REV 1	8 0	1/2	your C. Saffel & MESTHINSTER, MADATE AUG 1 1968 School of Judge
		-		· · · · · · · · · · · · · · · · · · ·



	/ A / A 1						DEPARTMEN				
	(1A1)		77722	DIVISION	OF VITAL RECOR	DS, 301 W. F	RESTON STREET	r, baltimore, n	ARYLAND 21201		
A. D. Garage			C C C 6/33			CERTIFI	CATE OF DE	ATH		1002	J
	death. rerol' and 2 death.		une or print)	irst J. 14 ook a n. ¹⁷	Middle Fr: 6	WKLIN	lost MA	,	OF DEATH Month 7 De	ay 18 Year 65	2b. HOUR
	requires that the death certificate be executed within 24 haurs after death. 3 physician. 1 signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove aroun papers. Pages I and 2 burial, crematian, ar removal, and in any event within 72 haurs after death.	3. SE	x male,	4. RACE	This		S. DATE OF BIRTH		6 AGE (n years last hirthday)	MONTHS DAYS	HOURS MIN
	haurs n by rs Pc haurs	7a. 6			WHAT COUNTRY?		MEVER MARRIED	9, COUNTY	OF DEATH		
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	within ely fill pan po withir	lio (ity or town of DEATH		NAME OF HOSPITAL O	28 N W	not in hospitor	during most of work	ON (Kind of work dane ing life, even if retired.)	12b KIND OF B INDUSTRY	USINESS OR
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complyately filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove comply within 72 hour should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event within 72 hour	13a. odm	USUAL RESIDENCE (Where dec ssion) STATE	eased lived, if ins		are 13c, CITY O		INSIDE CITY LIMITS? 13e.	STREET AND NUMBER	it Llier	<_
	and conditions in any	14. F	ATHER'S NAME First	Middle L		rtin	S MOTHER'S MAIDEN	1/	Middle	-	Lost
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	rtifical ohysici on ple oval, a	Ŷ	es no ar unknown) (If yes g	ive war or dates of service	217-22	-3577	Luz me	retin por	1 4 .	usit H	- Line
	oding stremo		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pruseD BY.	er line for (a) (b); and	1413517	me	arni O.	17.	BETWEEN ON	ATE INTERVAL ISET AND DEATH
	dea itten ermit n, ar		2509	EDIATE CAUSE (o) _ DUE TO.	70		1	O.	_		
	the chiral particular program in the control of the		Canditions, if any, which go	ve)	Tirten	rale	ter (ach la	sculy elle	e e	
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	uires hysic gned urial, urial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	PIRITING TO DEATH RI	IT NOT RELATED 1	TO THE TERMINAL DIS	SEASE OPPONDITION O	IVEN IN PART I(a)		
	v required by the but to but	×	TAKE 2 OHER SOMETOME	<u> </u>	Notine to better	THE RESILES	THE TEXAMINE DIS				
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	ar a		210 ACCIDENT WAS UNDERL		E OF INJURY	21c. l	IOW INJURY OCCURR		injury in Part 1 or Port 2	, Item 18.)	
	of High Standard CAA	MEDICAL	(If either, notify medical exc	DEATH HOU <u>R A</u> ominer) P	.M.	19					
	SPITAL OR ATTENDING PHYSICIAN; 4 may be retained by the haspital ar IERAL DIRECTUR: After this certificate ar, page 3 shauld be detached far u id be filed with the State Dept. af Heal	1	21d. INJURY OCCURRED While Not while of work	210. PLACE OF INJU	RY (AT HOME FARM, STREE OFFICE BLJEDING, ETC	T, FACTORY.) 21f	OCATION Street or	R.F.D. No.	City or Town	County	State
	ING by the fiter of be d state		22a. I certify that (I) saw the deceased	(this haspital)	attended the dec	eased from	NOVII	_, 19 <i>64</i> _, ta_	July 1F, 1	that	(I) (we) last
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	OR AT e reto IRECT 3 sh d with		22b SIGNATURE	184	3.10	2ca 2050	ATTENDING PHYS.	MED. DIRECTOR	STAFF 220	DATE SIGNED	68
	TAL (nay b AL Di page page ie file		2Zd. PHYSCIANS NAME (Type)	15	Bull	MID	22e ADDRESS		TAD M	/ /	1-1
	TO HOSPITAI Page 4 may TO FUNERAL director, po	72:	/	A C Sb. DATE	LUSA NAME	OF CEMETERY OF	70-4	124 100	ATION (City or Town)	(County)	(Stote)
	Page direct	230	DEMOVAL (Specific)	July 20.		enmount			pstead Cari		
		24	FUNERAL DIRECTOR		ADD	RESS	250	. REC'D BY REGISTRA	R 25b. REG STRAR	S SIGNATURE	
	30M REV 1768		Tipton Eline	Funeral	Home, Har	mpstead,	Md. DA	idUL 23	1968 gelio	was Jud	12.



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTHYDAPT.	1. 0	DECEASED NAME Type or Print)
>~ 6	3. 5	
death Sny delay e Poges 1, 2, and 3 with form PM3. Par he Stote Departmen	1	MALE WHITE AUG 13, 1900 67 YRS MONTHS DAYS MOURS MAIN Month 7 Doy 19 Year 1968 33
epode		BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form fe	(01)	BALTIMORE MD U.S.a. WIDOWED DIVORCED & CARROLL CO Md.
death e Poges 1, with form	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working rife even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working rife even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working rife even if retired) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working rife even if retired)
<u> </u>	E	MASBURITRUHT DEFR PARK ROAD TRUCK DRIVER WHOLESALE
at the second se		USUAL RESIDENCE (Where deceased I ved, if institution: Residence before 13c (TY OR TOWN) 130 MISIDE CITY LIMITS? 13e STREET AND NUMBER PARK ROAD 10m ssion) STATE MARY A 13p COUNTY A PROLITE FINE ROAD YES NO FOLL PROLITE PARK ROAD
hours on officer of	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle fost
	"	JOHN - MATHINS SALLIE SCHAEFFER
hin 24 ncil in I niner's poges I hours o	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS TO A LANGE TO THE PROPERTY OF THE PROPERTY
within pencil xominei ile poge 72 hou	(WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS FINKS BURG- 17 INFORMANT ADDRESS FINKS BURG- 18 JET 1-4120 MISS BURG-
with person person File	F	18 CAUSE OF DEATH (Enter only one couse per line for (2), (2), and (37)
be executed "pending" in nief Medical E. ansit permit. Feesent within		PART I. DEATH WAS CAUSED BY
xec ndin hed per t w		IMMEDIATE CAUSE (a) The Consequence of Due to, or as a consequence of
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		rise to immediate couse (a). Statum the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per o the Chief! buriot-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
te st the d to d to nd m		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a buriot-transit permit. File pages jation, or removal, and in any event within 72 hours	_	That I show sometimes continued to continue to the feeting to the technique bisease on condition great at that I (a)
certifi orwar used movo	CERTIF CATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
This cote, v be for libe us	IF C	WAS PERFORMED?
ficol ficol be d b		210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
INER: Te certific should be files. 3 should a should be ground be files.	ਤੁ	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19
	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
JICAL EXAMINER: lease execute the certification. Page 4 should stained for your files. DIRECTOR: Page 3 should to buriol, cremation, or to buriol, cremation.		WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK
L EXA ecute Page for you R: Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy 🗍, Inspection 🔀, Inquiry 🔲, and in my apinion
ICAL E EXECT for Part Por Part For CTOR:		death resulted fram: Natural causes M. Ascident . Suicide . Hamicide . Undetermined manner
lease e director stained DIRECT r to bu		CHIEF MEDICAL EXAMINER
Al Dar or or		SIGNATURE Close Specific ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
PUT Sary Sary TER		EXAMINER'S DEPUTY MED.CAL EXAMINER 12 1-19-68
necessary, plane funeral of 5 may be record for Funeral of Funeral		NAME (Type) / DOBSTONE WOODCOANTY Westerness
01 = 2 01 ±	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County)
0	1	BURIAL 1/123/68 EVERGEEN MEMORIAL GARDENS SOURGERA MILL,
VR ATSME (5)	24.	FUNERAL DIRECTOR ADDRESS 256, RECD BY REGISTRAR 256, REG STRAR'S SIGNATURE 257, RECD BY REGISTRAR 256, REG STRAR'S SIGNATURE
10M REV, 1/68	1 /	+ L. /VUMPS, to . West Properties /M/ DATE - 40 1000 1



MAKTLAND STATE DEPAKTMENT OF HEALTH



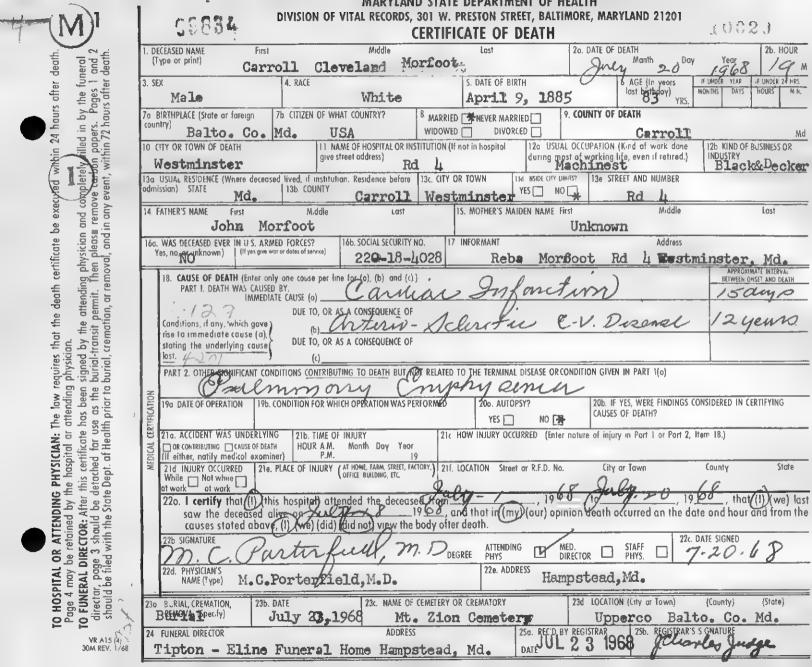


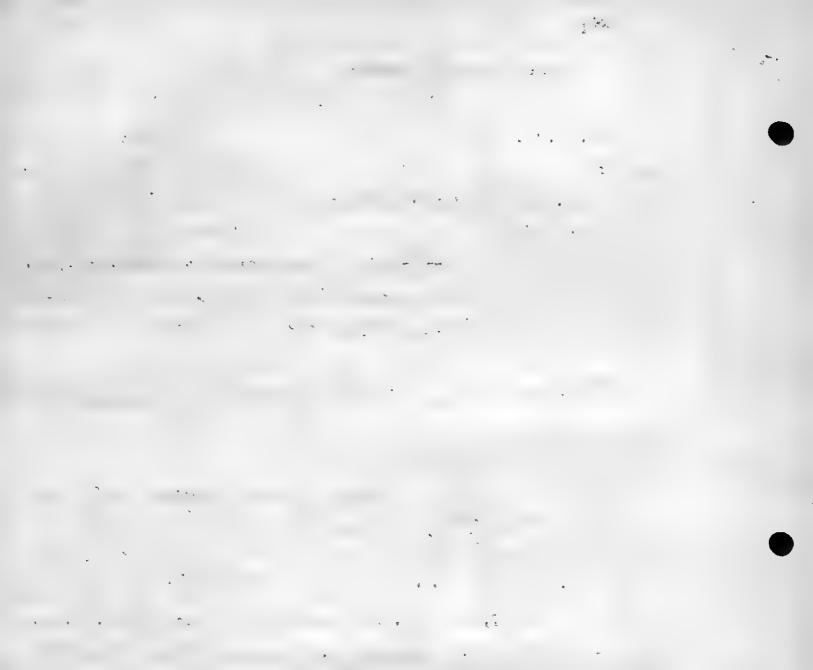
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		CEASED-NAME · First ype or print) Daj	sy	Mis	Middle S souri	McI	lost Cinsey		2a. DATE 0	Manth 19 Day	68 ^{Year}	2b. HOUR M 9:20M
	3. SE.	Female	4 R	RACE \	White	,	S. DATE OF BI	IRTH 0-28-81	1.	6 AGE (In years last phday) YRS.	HE UNIDER I YEAR MONTHS DAYS	IF UNCER 24 HRS. HOURS MIN.
	7a. B caun	IRTHPLACE (State or foreign try) W.Va.	7b. (II	TIZEN OF WHA	(COUNTRY?	8. MARRI WIDOW	ED NEVER MAR ED 29 DIVOI	RRIED RCED	9. COUNTY O	DEATH LL County		Md
		TY OR TOWN OF DEATH ykesville		11 NAM give stre	NE OF HOSPITAL OR Beet address) S p1	institution in ingf	If not in haspital Leld St.	during me	AL OCCUPATION ast of warking Sewife	(Kind of work dane glife, even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
	13a admi:	USUAL RESIDENCE (Where decea ssion) STATE Md.	sed lived 13b	d, if institution COUNTY t	n: Residence befor Washingt	on Wi	or TOWN	3d INSTOC CITY J	IM.TS? 13e S	TREET AND NUMBER Oute # 2		
Ī	14 F	ATHER S NAME First		Middle	Last		15. MOTHER'S MA			Middle	5-	Last
ł	16a	WAS DECEASED EVER IN U.S. AR	Jeu:		Miller 6b SOCIAL SECURIT		7 INFORMANT		na unk		130.	tts
ļ	Y	es, no or unknown) (II yes give	war or date:	es of service)	217-56-1	681A				Hospital	APPROXIA	MATE INTERVAL VSET AND DEATH
		IB. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMEDI (Cand tions, if any, which gave rise to immediate cause (a),	ATE CAU: DI	JSE (a)	RILAT A CONSEQUENCE O		L P	NEU	MON	TIS	Ho	urs
		stating the underlying cause last. 49 1	DI	UE TO, OR AS	A CONSEQUENCE (
		PART 2 OTHER S GNIFICANT CO Chronic Brain									. ababia	
7	CERTIFICATION	19a DATE OF OPERATION 19b	. CONDITI	TON FOR WHICH	H OPERATION WAS	PERFORMED	20a. AUTO	PSY?	20b	F YES, WERE FINDINGS (S OF DEATH?	ONSIDERED IN CE	RTIFYING
l	₹.	21a ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OFF (If either, natify medical exam	iner)	P.M.	Manth Day Ye	19				Jry in Part 1 or Part 2,	Item 18.)	
		21d. INJURY OCCURRED 21e While Nat while at wark	. PLACE (LOCATION Street			y ar Tawn	County	State
		22a. I certify that (1) (the saw the deceased causes stated above	nis has alive a e, (i) (pital) atten in we) (did) (g	ded the deced 7-19 history view th	ised fram. 19 <u>6</u> 8 e bady aft	2-22 and that in (M er death.	, 19_6 [¾ (aur) apı	58_, ta_ inian death	7-19, 19 accurred an the di	.68_, that ate and have	(N (we) last and from the
		22b SIGNATURE Cra	5	1.	Cope	100	ATTENDII EGREL PHYS	NG 📑 N	MED DIRECTOR	STAFF 22c.	DATE SIGNED 7-19-68	
1		NAME (Type) Renat	o R	. Espi	na	_	S	pringf	field :	State Hosp	oital	
	1	DUK ITE	DATE	22,196			OR CREMATORY			ON (City or Town) STOW 1/2 25b. REG STRAR S	(County)	(State) Md
2	14. 14	FUNERAL DIRECTOR	EAF	= WIL	LIAMS	PORT	Md.		2 3 19	- 6		pe



E		DUNGION OF	MAKTLANI	D STAIL D	EPAKIMEN	II UF HEAL	.FM		
	Caragn	DIAIZION OF			TE OF DI		RE, MARYLAND 21201	1 102	강
1. DE	CEASED NAME First		Middle	EXTITION	Lost		DATE OF DEATH		2b. HOUR
{1	ype or print) DONN	IA.	(NMN)	1/4	ESQUIT		JULY 6. 1968	roeY Yeor	1:40 A
3. SEX		4. RACE	(DATE OF BIRTH		6 AĞE (In veors	IF UNDER YEAR	IF UNDER 24 HRS.
	Female	V	Vhite		4-9-	-24	lost birthdoy)	MONTHS DAYS	HOURS M.H.
	IRTHPLACE (State or foreign	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIEI	9. 00	UNTY OF DEATH		
count	"" Unk.	U.S.A	1.	WIDOWED Z			rroll		Md
Sy	TY OR TOWN OF DEATH Resville	Spr.	ME OF HOSPITAL OR INS reet oddress) ringfield	State F	lospita]	120 USUAL OCC during most of Recor	UPATION (Kind of work done working life, even if retired) and call girl	126 KIND OF INDUSTRY	BUSINESS OR
13o l odmis	USUAL RESIDENCE (Where deceo ssion) STATE Maryland	sed lived, if instituted 136 COUNTY Baltimor	on Residence before	Baltin	DWN 13d	INSIDE C TY LIMITS?	No fixed add	ress	
14. F/	ATHER S NAME First	Middle	Lost		NOTHER'S MAIDE	N NAME First	Middle		Lost
	Joseph	N.	Whitak			Kitt			Unk.
16a Y	(32 110) DI DIRECTO STATE	WED_FORCES? war or dates of service)	165 SOCIAL SECURITY N	1	ORMANT	0	Address		
-	NO		Unk.		cords,	Springi	ield State Ho	spital	MATE INTERVAL
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	n pv.	12.11					BETWEEN C	INSET AND DEATH
	IMMEDI	ATE CAUSE (6) <u>Get</u>	neralized	carcin	<u>matosis</u>	3		lyon	ths
	Conditions, If ony, which gove		S A CONSEQUENCE OF						
Н	rise to immediate couse (a),	(D)	A CONSEQUENCE OF						
	stating the underlying couse	(c)	A CONSEQUENCE OF						
1	PART 2 OTHER SIGNIFICANT COL Schiz ophrenia	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	TRELATED TO 1	HE TERMINAL DI	SEASE OR CONDIT	ION GIVEN IN PART 1(0)		
CERTIFICATION		_	CH OPERATION WAS PER	FORMED	20o. AUTOPSY	?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
EEC					YES	NO 🔀	CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYIN			21c HOW	INJURY OCCURE		re of injury in Port 1 or Port 2,	Item IB.)	-
ă	OR CONTRIBUTING CAUSE OF DEA'		Month Doy Year						
	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCA			City or Town	County	Stote
	22a. I certify that (I) (the saw the deceased a	is haspital) atte	nded the decease	d fram 9-	1-54		, ta <u>7-5-68</u> , 19		(I) (we) las
	saw the deceased a causes stated above	live an /	did not) view the b	offly after de	nat in (my <u>) (</u> ath	aur) apinian	death accurred on the d	ate and haur	and tram the
	22b SIGNATURE	11/1/10/04/	did hot, view inc	/			/224.	DATE SIGNED	1
Н	Tour land	4/2 12	1 11 X	DEGREE	ATTENDING PHYS.	MED DIRECTO	OR PHYS	7/0/4	38
	22d PHYSTCIAN S	0 F			220 ADDRESS		field State Hi	also	
	NAME (Type) Paul	G. Ensor,	M. D.				ille, Maryland	21781	
230	BUR AL CREMATION, 23b/ REMOVAL (Spycify)	DATE 1/ 10	23c NAME OF	EMETERY OR CI	EMATORY	23d	OCATION (City or Town)	(County)	(Stote)
	FUNERAL DIRECTOR	My 14, 14	ADDRESS	MALL	MIL C	PROTING	USTRAR 25b. REGISTRAR	A SIGNATURE	
14	FUISERAL DIKELIUK//	/ 1//	4 4 MUDICESS		(/ \/	U. KEL D BI KI'LI	DINAK LZOD KEUDIKAK	2 JUDGELUKE	







1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
- 2-€	OECEASED-NAME First, Middle Lost 20. DATE OF DEATH 2b. HOUR
er death. funeral I and 2 er death.	(Type or print) RICHARD C MULLEN 7 Month 2004 Years 823
fur fur s 1	S SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I bunder 24 hies. 3. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS ONYS HOURS MIN
5 3 5 3	VRS.
A FIM	TO BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in d in 72 j	MARY (AD) (1) WIDOWED DIVORCED Carroll M
ate be executed within 24 ician and campletely filled lease remave carban pape and in any event, within 12	10 CITY OR TOWN OF DEATH 11 MAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done light most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done light most of working life, even if retired.)
campletely have carban by event, will	westminster Carroll Co. Gen. Hospital None
e executed and camplet remave car n any event	30 USUAL RESIDENCE (Where deceased tived, if institution Residence before ladmission) STATE 13b COUNTY 13d MISSIE CITY UM. 157 13c. STREET AND NUMBER
carr carr oave	Maryland 13b COUNTY Westminster NOW Route 5
and remin and in an	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
an a	Charles Muller, Jr. Betty Yingling 16g. WAS DECEASED EVER IN U. S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address
requires that the death-certificate be executed within 24 haurs after death signed by the attendence this signed by the attendence this signed by the attendence to build fransit perhair. They please remaye carbon papers, people a burial, cremation, arremoval, and in any event, within 72 thous after death a burial, cremation, arremoval, and in any event, within 72 thous after death.	Yes, no grunknawn) [Hyes give war or dotes of service) None Charles Muller Jr. Same As #13.
phen hear	APPROX MATE INTERVAL
¥(# 5	PART (DEATH WAS CAUSED D).
e e e	PART I DEATH WAS CAUSE (a) SRVRICE DISH DIATION 24 HIM DUE TO, OR AS A CONSEQUENCE OF
the of the per	Canditions if any, which gave \ (dASM) 3.1772 2.17 C
hat n. yy th ansi	nse to immediate cause (a). Storing the underlying couse OUE TO, OR AS A CONSEQUENCE OF
es t sicio ad b al-tr	last. 2 7 //) (c)
physician, signed by the designed by the artificial by the artificial fransit per burial, cremation,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
v re ing en s he l	SCHURBOT (NBULDUIA) 190. DATE OF OPERAT ON 196 CONDITION FOR WHICHOPERAT. ON WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The law ratending attending has been se as the th prior to	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IAN: The law retail an attending I ficate has been star use as the k Health prior to b	目 163 NO L 1
AN: Sil al Sar care Hea	
SICE split ed f ed f of l	Ellif either notify medical example? P.M. 19
TENDING PHYSICIAN: The fined by the haspital ar a size. After this certificate has a suld be detached far use the State Dept. af Health	21d. INJURY OCCURRED While at wark 21d at
r he del	at work at work at work at the delivery of the
DIN J by After be Stai	220. I certify that (1) (this haspital) attended the deceased from 7/22, 1968, to 7/23, 1968, that (1) (we) to saw the deceased olive on 7/23, 1968, and that in (m) (our) apinion death occurred on the date and hour and from the causes stated abave (1) (wè) (old) (did not) view the body after death.
acion the control of	causes stated abave (1) (wè) (ald) (did nat) view the body after death.
R ATTENI retained retained ECTOR: A 3 shauld with the	22b SIGNATURE 22c DATE SIGNED/
be r be r DIRE	Sueria Su Charjanesse ATTENDING & MED DIRECTOR - STAFF - 7/23/6/
May KAL KAL Po	22d. PHYSICIANS NAME (Type) Dr. Sherman Chang 22e ADDRESS Westminster, Md.
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	23c. BUR AL CREMATION, 23b. DATE 23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
H go a sign of	Burliari 7/25/1968 Salem Cemetery Carroll, Md.
NO	24. FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR S SIGNATURE
VR A15 (4) 30M REV. 1768	C. M. Waltz, Box 241, Sykesville, Ed. DATE JUL 26 1968 golianla ludge

MAKTLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2a. DATE OF DEATH Last 2b HOUR deoth certificate be executed within 24 hours after death puo (Type or print) LAWRENCE CLAYTON 4 RACE 3. SEX S. DATE OF RIRTH RE UNDER 1 YEAR 6 AGF (In years last birthday) MONTHS I DAYS **MOURS** 10/0 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED THEVER MARRIED country) DIVORCED [WIDOWED papel filled buriol, cremotian, or removal, and in ony event, within 11 NAME OF HOSPITAL CR. INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of work no life, even if retired ! INDUSTRY eose remave carban STEELLO 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER admission) STATE 13b COUNTY NO K 14 FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ocunknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta îmmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to as the 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [for use Health r After this certificate 216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Day Year THE GRECONTRIBUTING THE CAUSE OF DEATH to FUNERAL DIRECTOR: After this certifications, page 3 shauld be detoched for should be filed with the State Dept. of 1 (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While | Not while | at work 22a. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an Jack 27 19 68, and that in (my) our) apinian death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death 225. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN S 23d LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) VR A15 (4) / 30M REV 1768

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To. BIRTHPLACE (State or foreign To. CITIZEN OF WHAT COUNTRY? To. CITIZEN OF WHA	210 HOURS M.N. M.N. M.N. M.N. M.N. M.N. M.N. M.N
1. DECEASED-NAME (Type or print) 1. DEC	HOURS M.N.
3 SEX 4. RACE 5. DATE OF BINTH 6. AGE (In yeors last bythday) 70. BIRTHPLACE (State or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL OR INSTITUTION (If not in hospital last overking life, even if retired) 120. CITY OR TOWN OF DEATH 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 131. NAME of HOSPITAL OR INSTITUTION (If not in hospital lived, if institution: Residence befare oddress) 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 131. NAME of HOSPITAL OR INSTITUTION (If not in hospital lived, if institution: Residence befare oddress) 132. CITY OR TOWN) 133. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare oddress) 134. KIND OF BUILDING (IV) 135. KIND OF BUILDING (IV) 136. KIND OF BUILDING (IV) 137. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lived, if institution (IV) 134. KIND OF BUILDING (IV) 135. KIND OF BUILDING (IV) 136. KIND OF BUILDING (IV) 137. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital lived, if institution (IV) 137. NAME OF HOSPITAL OR INSTITUTION (IF not in hos	HOURS M.N.
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14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	
	lost ERS
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [14 yes give wor or dotes of service) 17 INFORMANT S ONLY 59 Big was dot dotes of service)	cx 3
Yes, no, or unknown) (1 yes give wer or dates of service) 217-28-0948 Elmer myers. Western Market Ma	rel.
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), and	T AND DEATH
Due to, or as a consequence of an electronia with the control of t	11
(anditions, if any, which gove) rise to immediate cause (a). Stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF MILES PRODUCED WAY	70-6V
Stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-68
Stating the underlying cause Due to, or as a consequence of Party of the terminal disease or condition given in part 1(a) Stating the underlying cause Due to, or as a consequence of party of the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a) Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1(a)	
200. AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERT 201. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED. White nature of injury in Port 1 or Port 2 Item 18.)	IIFYING
TES DE SE	
216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor Official examiner) P.M. 19 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 217 ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19 218 INJURY OCCURRED 2 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 219 COUNTY	
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at work of wor	(we) last
Sow the deceased place operation of the control of	id fram the
Saw the deceased alive of the first flat (i) (this haspital) attended the deceased from 1900, and that in (my) (aur) apinian death accurred an the date and haur and causes stated above; (ii) (w/s) (did) (did nat) view the bady after death. 22b/SIGNATURE 22c DATE SIGNED PHYS. ATTENDING PHYS. STAFF PHYS. PHYS.	10
ATTENDING DIRECTOR DI	0
NAME (Type) W. G-LEINN OF EICHER MD WISHING MA	
230. BJRIAL, CREMATION, PEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PLEASANT VALLEY WEST MINISTER RAH	(Stote)
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PATE 1111 9 4 1969 Climate Vision	-

MAKILANU STATE DEPAKIMENT OF HEALTH



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		28888	DIVISION OF VIT		BOT W. PRESTON ST ERTIFICATE OF		MORE, MARYLAND 2	21201	33
·h	I. DE	CEASED-NAME Fir	st	M.ddle	Lost	DEATH	2o. DATE OF DEATH		2b. HOUR T
1	(T	ype or print) Charles	Jose	ph	Norkewicz	;	Month	28 198	8 B: 30 M
3	3. SE	K	4. RACE		S. DATE OF B	IRTH	6. AGE (In		EAR IF UNDER 24 HRS
		Male		asian/Whi	14 2		lost birth	YRS. MUNITES	JATS HUBIS MIN,
7	o. B	IRTHPLACE (State or foreign try)_ + thurming	7b. CITIZEN OF WHAT		and the same of th	RCED '	COUNTY OF DEATH		Md
-1		TY OR TOWN OF DEATH	11. NAME give stree	OF HOSPITAL OR INST toddress)	ITUTION (If not in hospital d. State Hosy	12o. USUAI during me	LOCCUPATION (Kind of w st of working life, even if	retired INDUST	
		<u>lsesville</u> LSUAL RESIDENCE (Where dece				I 3d INSIDE GTY LIN	Tailor		ino m
		sion) STATE ar lar	13k COUNTY	Nessuelite deloie	nl+i ore	YES NO		י די אל ייני	
Ī	14. F	ATHER S NAME First	Middle	Lost	15. MOTHER S.M.	AIDEN NAME Fir	st	Middle	Lost
L		Joseph	MAN	Nor'emi		Victo			n¹cnown
	160. Y	WAS DECEASED EVER IN U.S. A	a contract to the termination of	216-05-02		م العرا	oneds	Address	
F	7	18. CAUSE OF DEATH (Enter				1	100	A	PROXIMATE INTERVAL
ĺ		PART I. DEATH WAS CAU	SED BY. DIATE CAUSE (0)	DY Va	experily	1 Hec	At Freder	An -	VEEN ONSET AND DEATH
1		Ly , , ,	DUE TO, OR AS A	CONSEQUENCE OF	Or -	7	2 11	10	5 1 5 5 5
		Conditions, if any, which gov	e) "	Her	A Muo	Teece	lead fry	recher	les.
П		rise to immediate couse (o' stating the underlying cous		CONSEQUENCE OF	1		1		
П		last. 42.	(c)		<i>U</i>		0		
ı		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERMINA	L DISEASE ORCO	INDITION GIVEN IN PART I	(0)	. /
ı	NOI	CE TOTELL 190. DATE OF OPERATION 119	b. CONDITION FOR WHICH	27771	ORMED 200. AUTO	of reno	Marie VEC MEDE	FINDINGS CONSIDÉRED	Ase Olom
ı	CERTIFICATION	190. DATE OF OPERATION	B. CONDITION FOR WHICH	JEKATION WAS FER	YES T		CAUSES OF DEATH?	FINDINGS CONSIDERED	IN CERTIFIENG
	CERT	210. ACCIDENT WAS UNDERLY	TING 216 TIME OF INJ	URY			noture of injury in Port I	or Port 2, Item 18.1	
	MEDICAL	DR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. M	onth Doy Yeor		(44)	,	,	
	_	21d INJURY OCCURRED 2			PRY.) 21f. LOCATION Stree	et or R FD. No.	City or Town	County	State
		of work of work							
1		22a. I certify that (1) (saw the deceased	this haspital) attend	ed the decease	fram 1=27	, 19_0	3, ta <u>7-2;</u>	, 19 <u>00</u> , 1	hat (I) (we) las
П		saw the deceased	ve, (I) (we) (did) (did	not) view the b	and that in (m	iy) (aur) apir	iian death accurred a	in the date and h	aur and fram the
ı		22b SIGNATURE	. ()	11017 1110 0			TD 074F5	226. DATE SIGNE	0 /-/
I		coul c	I Just	5 M.	DEGREE PHYS	NG DI	ED. STAFF PHYS. [D 7/2	6/68
l		22d PHYSICIANS NAME (Type)			22e. ADI				
L				M.D.		ingfigl.	d State Mosn		1.d.
) 2	230.		5. DATE 7/30/68		metery or crematory deemer Com.		23d. LOCATION (City or T Balto. Md.		(Stote)
1	24.	FUNERAL DIRECTOR	17 507 00	ADDRESS	Council Court	2So. R. VI BY			4446
		comard J. Ru	ck Inc. Bal	te. Md.		DATE	- 4 - 200	0	0





09840	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MADE MADVIAND 21201	10035
1 DECEASED-NAME First (Type or print)	M:ddle	Lost Lost	2a. DATE OF DEATH Month Do	2b HOUR
3. SEX Female	Mary 4 RACE White	Parker S. DATE OF BIRTH 2-5-76	6 AGE (In years last Authory)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS GAYS HOURS M.IN.
70 BIRTHPLACE (State or foreign country) USA	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
10 CITY OR TOWN OF DEATH Sykesville	11 NAME OF HOSPITAL OR INS	State Hospitalduning me	Carroll L OCCUPATION (Kind of work done opt of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
130 USUAL RESIDENCE (Where deceded odmission) STATEMaryland	sed fived, if institution Residence before	13c. CITY OR TOWN 13d INSIDE CITY J		Spring Lane
/ 14 FATHER'S NAME First James	Middle Schryv	er Smothers Maiden name F Buer		Steele
16a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? Mer or dores of service) 16b SOCIAL SECURITY I 218-50-73		Address	lo Maryland
Conditions, if any which gave rise to ammediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) Arterioscl DUE TO, OR AS A CONSEQUENCE OF (c) Generalize NOTIONS CONTRIBUTING TO DEATH BUT NO	erotic Heart Diseased Arteriosclerosis	ONDITION GIVEN IN PART I(a)	
190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	YES NO R		
or contributingcause of	TH HOUR A.M. Month Day Year iner) P.M. 19		nature of injury in Port 1 or Part 2, City or Tawn	County State
While Mot while T	to Y. Patricio	ed fram 5-9-68 , 19- 968 , and that in (my) (our) api body after death. DEGREE PHYS	nian death accurred on the director STAFF 22cc PHYS Ingfield State Hay Maryland 2178	7 /3/68
BENGAT Table(TA)	8/1/68 Druid	CEMETERY OR CREMATORY Ridre Cemetery	23d LOCATION (City or Town) Raltimore	(County) (State) Md •
Austin E.Dono	van - 3818 Rola	nd Ave. 250 REC'D B		s signature



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF CEATH 2b, HOUR DECEASED NAME F.rst The law requires that the death certificate be executed within 24 hours after death (Type or print) Year OUDARd 105 IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR DAYS last birthday) HOURS campletely filled in by the papers. Pag thin 72 hours (7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIEO [3] NEVER MARRIED country) WIDOWED DIVORCED [320. USUAL OCCUPATION (Kind of work done 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) nave carban 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13g USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COUNTY IS MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Last 160 WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. ar unknown) burial, crematian, ar remova 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) INFARCTION BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. few min INFARCTION OF MYOCARDIUM DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) ARTERIOSCLEROTIC CORONARY THROMBOSIS few min rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse 20+ yrs. HYPERTENSIVE CARDIOVASCULAR DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept. of Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NOX 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote 21d INJURY OCCURRED Caunty While Not while at work 22a. I certify that (I) (the shapitot) attended the deceased from 1945 saw the deceased alive on 20/July/68 19 ___, and that in 22/July/, 1968 __, and that in (my) \$687) apinion death occurred on the date and hour and from the causes stoted above, (1) 1006) (did) (218 100) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 22/July/68 M. D. DEGREE be filed 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type)Wm. H. Lawson, Jr., M.D. Box 54, RD #2, Sykesville, Md. 21784 director, I 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) (State) 23a. BURIAL, CREMATION FUNERAL DIRECTOR 30M REV 1/68



/ 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
TOR STATE	1 0	TOTAL EXAMINER 3 CERTIFICATE OF DEATH	_
.v □ a . Take	1	Type or Print) P. PEPT ANDIONI TO STILL THE PRINT OF ESTI-	
\$ m & (4)	3. 5		-
Part Page Port Page Page Page Page Page Page Page Page		M V FEB 22 - 1895 73 YRS MONTHS DAYS HOURS MEN Shelly 28 Year 1968 8:100	
	7a	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED) 9. COUNTY OF DEATH	_
es 1 form form	COUL	WEST VIRGINIA USA WIDOWED DIVORCED CARROLL	Ad.
after death ny	10 (111 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	
	12-	NEW WINDSOR 312 HIGH ST PHARMACY	
s after death 18. Give Pages 1, alang with farm with the State De		USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN 13d. ANSIDE CITY UMITS? 13e. STREET AND NUMBER amiss an) STATE MARYLAND 3b COUNTY PARROLL NEW WINDSOR YES NO 3/2 HIGH ST.	
High Control	14.	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost	=
		MILLARD A PILSON EVELYN RODGERS	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	-
	(1)	(es, no, ar unknown) (If yes give war or datas of sonnie) 213-24-9568 DOROTHY PILSON NEW WINDSOR MD	
= 453 H		18 CAUSE OF DEATH (Enter only one cause per line for (g) (b), and (c))	
e executed pending" in pending" in the Medical I have not been made to be the most permit.		PART L DEATH WAS CAUSED BY MAMEDIATE CALSE (a) Cardiar In fanctiver	-
be exemple be exemple for the following the		Conditions, of only, which gave) DUE TO OR AS A CONSEQUENCE OF Conditions, of only, which gave) LOCAL AND LOCAL STREET SINGLE STREET CONSTRUCT CONSTR	
rauld be executed ward "pending" the Chief Medical rial-transit permit.		rse to immed ofe couse (a), (b)	_
shauld be e ne ward "pel ia the Chief I burial-transit i n any ever		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
cate sho g the w ed ta th s a burin and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
This certificate shauld be executed icate, writing the ward "pending" in be forwarded to the Chief Medical Ed be used as a burial-transit permit. For remaval, and in any event within	Z	4201 OBesity	
iis certific te, writini forwards forwards re used as	STA	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?	
This icate, be fo	CERTIFICATION	YES NO ES	
年 5 	13	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 of Parl 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M.	
INER e cer shoul files. 3 sha atran	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 211, LOCATION Street or R.F.D. No. City or Town Caunty State	_
E # 4 F 9 E		WHILE NOT WHILE lactory, office building, etc.)	
		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinio	າກ
DEPUTY DICAL E		death resulted fram: Natural causes Y. Accident [], Suicide [], Hamicide [] Undetermined manner []	
Jirec Selects direct train to the total to the total train to the total train to the total train to the total train trai		CHIEF MEDICAL EXAMINER	
		SIGNATURE Payrie C. Carterfield M.D. ASSISTANT MEDICAL EXAMINER (226 DATE SIGNED	
		EXAMINER'S DEPLTY MEDICAL EXAMINER 1 1-20-68	
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pri	230	NAME (Type) MAJURICE C. PORDERILE LD ADDRESS(Street, city, town, ar (aunity) BUR.AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (Caunity) (State)	
2 1,2 -	230	BURAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) PERMOVAL (Specify) JULY31-1918 PIPE CREEK WEW WINDSOR RURAL MILE)
2	24	FUNERAL DIRECTOR 250. REC D BY REGISTRAR S SIGNATURE	-
VR A15ME (5)	2	DHOUTGler y Some New Windsor Med DATEUL 3 1 1968 Acharles Judge	
			1000



1	1	MAKTLAND STATE DEPARTMENT OF HEALTH AND
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME & First Middle Lost 2g DATE KNOWNTY Month Day Year 2b HOVIII
= 2 9 0	(Type or Print) VIRGIE MARY PODLE DEATH MATED 7-5 1968
32 E	3 5	FX 4 RACE S DATE OF RIPTH AS AGE OF NAMES OF NAMES OF NAMES OF DATE PRODUCTIONS OF DEAD 23 HOUR
TES E	F	emale White May 30, 1915 53 YRS MONTHS QAYS HOURS MIN Month 7 Day 5 Year 1968 23
Depo		B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	£QUr	Maryland U.S.A. WIDOWED DIVORCED Carroll
deoth with f with f	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
hours ofter death Item 18. Sive Pages Office along with far land 2 with the State ofter death		estminster Garroll Co. General Hosp. Housewife INDUSTRY
s ofter 18. Giv e olang 2 with death		USLAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d MS/OE CITY LIMITS? 13e STREET AND NUMBER
18 18 ce o ce	-	Maryland Carroll Wkesville WE Route 2
hours Item 10 Office 1 and 2	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
24 in lin lin lir's ir's in lin lin lin lin lin lin lin lin lin		UNKNOWN May Duvall
within 24 pencii in xaminer's ire pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wer or dates of service) If you give wer or dates of service) No No No No No No No No No N
wit year Xarr Xarr Xarr 72	-	
s certificate should be executed within 24, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's used as a bunal-transit permit. Five pages emoval, and in any event within 72 hours		18 CAUSE OF DEATH (Enter only one couse per I no forto), (b), and (c)) PART I. DEATH WAS CAUSED BY:
e execute 'pending'' ef Medicol isit permit		IMMEDIATE CAUSE (a) Such a Country for Cou
e es pen ef N stt		Cand trans, it any, which gave b
d b rd " Chii ifran iy e		nse to immediate cause (a), (b)
should be e ne word "per o the Chief I burnol-transit I in ony ever		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
This certificate should cate, writing the word be farwarded to the Che used os a burnol-transor removol, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ficot ing rded os c	_	The second of th
This certificate: ficate, writing the be farwarded to do be used as a bor removal, and	CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY?
		WAS PERFORMED? VES □ NO ☑
<u>_</u> _ D 0		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18)
KAMINER: T te the certifica je 4 should b your files. age 3 should cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19
he sh and a	M	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. No. City at Tawn (aunity State willing and manufacture) and the building, etc.)
EXAMINER: cute the cert oge 4 should r your files. Page 3 should; cremation,	1	WHILE NOT WHILE Tactory, affice building, etc.)
E execution for Poge ed for Cross Purial,		22a certify that I took charge of the remains described above, held an Autapsy, Inspection 📈, Inquiry, and in my apima
Sical Eleose exect d rector. Po sta ned for DIRECTOR: r to burial,		death resulted from Natural causes (I), Accident Suicide (I), Homicide (II), Undetermined manner (II)
leas d red dren rtan		CHIEF MEDICAL EXAMINER
		SIGNATURE PLUMBO DESTINANT MEDICAL EXAMINER 225 DATE SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER
necessary, p the funerol 5 may be re TO FUNERAL Heolth prio	-	NAME (Type) / W. Glenn Speigher Designer Westmenster and
D LE 20 H	230	BURIAL (Segrity) 236 DATE 236 OCATION (City or Town) (County) (Store Multiplication) 237/8/1968 Ebenezer Cemetery Winfield. Carroll. Md.
26		Burial 7/8/1968 EbenezerCemetery Winfield Carroll, Md. FUNERA DIRECTOR ADDRESS 250 RECD BY REGISTRAR 256 REG STRAR'S SIGNATURE
VR ATSME OF	1	. M. Waltz, Box 241. Sykesville. Md. Dattil - 9 1968 Clarks Signature



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 20039 CERTIFICATE OF DEATH Lost DECEASED NAME First Middle 20 DATE OF DEATH in by the funeral ers. Pages 1 and 2 burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, or remaval, and in any event, within 72 hours after death (Type or print) ERNEST PORTER Α. 3. SEX A RACE S. DATE OF BIRTH executed within 24 hours after AGE (In years IF JHOER 1 YEAR ast birthday) Mal e White Sept. 1,1894 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED (country) Maryland U.S.A. Carroll. WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work ng life, even if retired) gwe street address) INDUSTRY Westminster Co. Gen. Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER admission) STATMaryland 13b COUNTY Carroll Westminster YES -NO S Route 6 15. MOTHER 5 MAIDEN NAME First 14 FATHER'S NAME First Middle Last Middle TENDING PHYSICIAN: The law requires that the death certificate be Arch Porter Lucretia Carson 16b SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, never unknown) 213-38-9748 Mrs. Minnie B. Porter Same As #1 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Theroschutic Heart Disease Canditions, if any, which gave) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate has been detached far use as the te Dept af Health prior ta 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM. STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. IN. JRY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this haspital) attended the deceased from Sure 12, 1967, to 1967, to 1967, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the lirectar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) Nr Winfield, Carroll, Md. Salem Cemetery 25b. REGISTRAR S SIGNATURE 2Sa. REC'D BY REGISTRAR ADDRESS Waltz, Box 241, Sykesville, Md. DATE JUL 1 6 1968 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10340 CERTIFICATE OF DEATH 2b. HOUR P DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or pnnt) RALEY SR. Month WILLIAM RAYMOND S. DATE OF BIRTH 3 SEX 4. RACE F JADER YEAR 6. AGE (In years lost birthday) 01/17/01 Male White I TUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pageshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED requires that the death certificate be executed within 24 hou Maryland U.S.A. WIDOWED [7] DIVORCED [CARROLL 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY SYKESVILLE STATE HOSP. CELANESE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b COUNTY Allegany 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER NO 30 ROUTE Cumberland 14. FATHER 5 NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Charles Edward Raley Drusella Hudsel 16b SOCIAL SECURITY NO. 17, INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 217-10-5123 SPRINGFIELD RECORDS APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) Bronchopneumonia BETWEEN ONSET AND DEATH Days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) Arteriosclerotic heart disease Years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician.

I FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse reaction PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(9) Chronic brain syndrome associated with cerebral arteriosclerosis with psychotic 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES 🔀 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Manth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (i) (chackespect) attended the deceased from 6/21/ , 1967 , to 7£1 , 1968 , that (ii) (we) lost sow the deceased olive an 7/1 1968, and that in (35y) (our) opinion death occurred on the date and hour and from the causes stated abave, (ii) (we) (did) (iii) 22c DATE SIGNED 22b SIGNATURE ATTENDING PHYS. MED DIRECTOR cu Degree 7/2/68 Springfield State Hospital, Sykesville. 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) Heinz H. Klaatsch, M. D. 230. BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) JULY 5 1968 PLEASANT GROVE CEM CUMBERLAND 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR CUMBERLAND, MD. 8 1968 BYRON KIGHT



	_	- 1		- * *			STATE DEPARTME				
1				ក្ស ្តីស្ត្	DIAISION OF A		01 W. PRESTON STRE		, MARYLAND 21201	1004	4
Ser .				2. F 五 4.		CI	RTIFICATE OF D	DEATH		***	I.
É	± -2 ±			CEASED NAME First	/	Middle	Lost	20 [ATE OF DEATH		2b. HOUR
	r death funeral 1 and 2 er death		(1	pe ar pnnl) HE	LEN	MAY	REBER	ア	3 Marth D	Yed Yed	3.45 M
	fun 1		3 SE		4. RACE	7	S DATE OF BIRT	TH	6 AGE (In years		LINDER 24 HRS
	\$ 2 85			FEMALE	W	4175	MAY	14 189	2 last birthday) YRS		DURS MIN
	S A	}	70 E	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8	MARRIED NEVER MARRI	9. COU	NTY OF DEATH		
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician of a campletely filled or by the funeral e.3 shauld be detached for use as the burial-transit permit. Then pimase femave carban papers is and and a with the State Dilpt of Health priar to burial, cremation, ar removal, and in any event, within 70 hours and death	<i>'</i>	caun		11.5		WIDOWED DIVORCE		ARROLL	Co.	Md.
	filled pap thin		10. C	TY OR TOWN OF DEATH	11, NAM	E OF HOSPITAL OR INSTI	TUTION (If not in hospital		PATION (Kind of work done		
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	th c			 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUST 	nly one couse per line.	tar (a), (b), and (c).)	071	1 00	D. 101	BETWEEN DINSE	T AND DEATH
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	he at land			Conditions, if any, which gave	DUE TO, OR AS	A CONSEQUENCE OF	10				
	at the the nsit p			rise to immediate couse (a),	(D)	H. C	<i>U.D</i>				
	e tage			stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF					
	ysici ysici ned nal-			last.	(c)						
	equires tha physician. signed by burial-tran			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1(a)		
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	s bas	5	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH	H OPERATION WAS PERF			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERT	TIFYING
	E se e e e	1	XIII				YES 🗀	но 🗀			
	NN: If an cate ar u			21 g. ACCIDENT WAS UNDERLYI		NJURY Manth Doy Year	21c. HOW INJURY OCCU	RRED (Enter nature	af injury in Part 1 ar Port 2	, Item 18.)	
	野語語書		MED#CAL	(If either, notify medical exam	ner) P.M.	19					
	HYS hos s ce sche		₹	21d INJURY OCCURRED 21e	PLACE OF INJURY (A	t home, farm, street, facto frice building, etc.	RY.) 21f. LOCATION Street	or R.F.D. Na	City or Town	County	Stote
	the thirdert dette			While Nat while at work					1		
	frer be stat			22a. I certify that (1))(tl	is haspital)(atten	ded the deceased	from May le		to kuly 201	9 6 P, that (1)(we) last
	ed ed			saw the deceased of causes stated above	live on	uddat) viaw tha h	2, and that Iri (my	((our) apinión d	eath accupied an the c	late and havr an	d tram the
	th the state of th			22b SIGNATURE	d' (1) Ywattain Ya	view the bu	W. D		1 22	. DATE SIGNED	
	REC 3 s			220 SIGNATURE	2 1	5040.	DEGREE PHYS	MED. DIRECTOR	STAFF D	DATE STORED	-1-
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burral-transit permit. Then, shauld be tilled with the State Dilipt af Health priar to burral, crematian, ar remayang.	-1		22d. PHYSICIAN'S E	EPRAV	Vil Kar	15	5 Ken	her ante	111	1
	OSF JNE INE		22.5	BURIAL CREMATION. 23b	DATE	22. NAME OF CE	METERY OR CREMATURY	224	LOCATION (City or Town)	(County)	(Stote)
	age of the shape	0	230	REMOVAL (Sporty)	7/25/	D MALLALT	MIN (/ FI	P= 230.	Indian Pa	PID/F /	20
	4-4	22	24	FUNERAL DIRECTOR	1-10	ADDRESS	THE VILIO	So, REC'D BY REGIS	TRAR 2Sb REGISTRAR	SIGNATURE	
	VR A15 (4 30M REV 1/	108	24.	(2.5. man	ero l	and the		DATE UL 26	1968 PClia		
				1 1100	11-11-11	111001 11111	mu I'm	DAIL C	1000	THE WAY	



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 304% CERTIFICATE OF DEATH Middle Lost 2b. HOUR DECEASED NAME First 2o. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) signed by the attending physiciar and campletely filled in by the funeral burial-transit permit. Then please remove/carban papers. Pages I and burial, crematian, ar remaval, and its any event, within 72 haurs after deal (NMN) RYAN Joe S DATE OF BIRTH 4. RACE 6. AGE (In veors 3. SEX DAYS lost birthday) 7/25/67 Male Negro 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? . COUNTY OF DEATH 8. MARRIED T NEVER MARRIED DIVORCED X WIDOWED [7] Carroll County. U.S.A. South Carolina 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR Springfield State Hospital None INDUSTRY Sykesville 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence befold 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 😴 NO 2931 Westwood Avenue City Baltimore 15. MOTHER S MAIDEN NAME First 14 FATHER S NAME Mohlie ? 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes no, or unknown) 230-10-8485 Records, Springfield State Hospital APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY Lobular pneumonia, right Days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (h) Arteriolar nephrosclerosis Years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse((a Annular adenocarcinoma of colon Months PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES PC NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR A1 D. DEGREE July 16, 1968 22e. ADDRESS 22d. PHYSICIAN S Springfield State Hospital NAME (Type) Octavio A. Ruiz, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 23o. BURIAL, CREMATION REMOVAL (Specify) Baltimore M. IIt. Auburn Cem. ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Herbert E. Nutter 2025 ". North Ave.

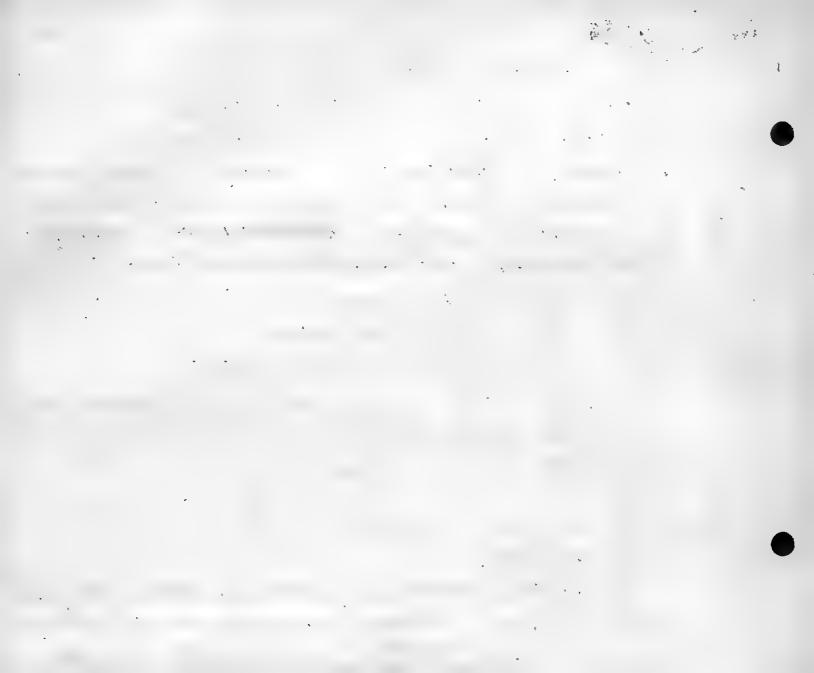




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR death. requires that the death certificate be executed within 24 hours after death Killed in by the funeral papers. Pages I and (Type or print) Month LA MOTTE SMITH FRANCIS 6. AGE (In years last bythday) hours after 3. SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MOINTHS DAYS HOURS MALE MAY 23, 1895 WHITE 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED THEVER MARRIED country) MARYLAND 4.5.9. CARROLL WIDOWED [DIVORCED [= 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if refired)

MAINTENANCE INGINE STATE ROA give street address the ottending physician and completely sit permit. Then please remove contain WESTMINSTER 13a, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY buriol, cremotian, or removal, and in any 14 FATHER'S NAME 15. MOTHER S MA DERP NAME First JOSEPH SMITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (II yes give war or dates of service)

NEXICAN BORNER 214-38-0884 MPS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Conditions, if any, which gave) signed by the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) been prior to l Page 4 may be retained by the hospital or attending os the 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? YES 🔲 NO 🗔 for USe of Health this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while of wark O FUNERAL DIRECTOR: After director, page 3 should should be filed with the causes stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 230 BURIAL CREMATION 25b. REGISTRAR'S SIGNA VR A15 (II) 1968 30M REV 1/68



1	1	MARYLAND STATE DEPARTMENT OF HEALTH
	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR MILATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME First Middle Lost / 20 DATE KNOWN Month Doy Year 2b HOUR
.5 <u>0</u> 0 .	'	Type or Print) LARRY FRANKIN SMITH DEATH MATED 7 13 168 5501 M
Pa Pa Pa	3 5	EX 4. RACE S DATE OF BIRTY 6 AGE (In yours IF LANDER I YEAR F JINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR
ny delo 7, and PM3. I		M W 4-14-67 last b rinday) MONTHS DAYS HOURS MIN Shorth Day Year 1968 6 1 M
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e for a		Maryland U.S. A WIDOWED DIVORCED CORROLL MA
	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITLT:ON (if not in hospital during most of working life even if retired.) 120 USUAL OCCUPATION (Kind of work done libbiliness of during most of working life even if retired.) 130 USUAL OCCUPATION (Kind of work done libbiliness of during most of working life even if retired.)
≥ > .cm; ≠	130	LSUAL RES DENCE (Mynere/deceosed lived, 1 Institut on Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER
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24 hours	14 3	FATHER'S NAME First Middle STITCH SP IS MOTHER'S MAIDEN NAME First Middle Lost NAME First Middle Lost NAME First Middle Lost
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Th s certifuricate, writing be farward ab e used a discremoval,	CERTIFICATION	WAS PERFORMED? YES \(\square\) NO \(\square\)
ifical de la		216 EXTERNAL CRUSE WAS 2.6. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter notyre of injury in Port or Port 2, Item 18)
KAMINER: Ths te the certificate, ge 4 shauld be fe your files. age 3 shauld be cremation, ar rei	3	PRIMARY OF CONTRIBLTING 1550 PM 7-13 1968 auto wheel fached over fread
	MED	2 d NUMY OLLURKED { 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No. City or Town County State P
XAI ge you you		WHILE MOT WHILE OF FOCTORY, OFFICE BUILDING, etc.) AT WORK IN AT WORK OF THE PROPERTY OF THE P
rit E Xecu Pa far far nol,		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion
UTY BICAL E	1	death resulted fram. Natural causes, Accident, Suicide, Hamicide, Undetermined manner
please of directa		ACTUAL DO CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
ZAL Pario		SIGNATURE / ICHICALO CONTROL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED
DEPUTY eccassory, p ne funeral may be re FUNERAL ealth pria		EXAMINER'S NAME (type) M.C. Porterfield M.D. activy DEPUTY MEDICAL EXAMINER TO TO 13-60 ADDRESS(Street, city, lown, or county) Hampetened Convolution
ro DEPUTY necessary, property is may be room b	230	nampscoat, Oalloll
= '2	100	REMOVAL (Specify)
	74	FUNERAL DIRECTOR ADDRESS ADD
VR AT SME (5)	10	L. E. mures, S. Westernite, md. Datel UL 1 6 1968 Clienter Sugar
10M REV 1/68	4	The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH

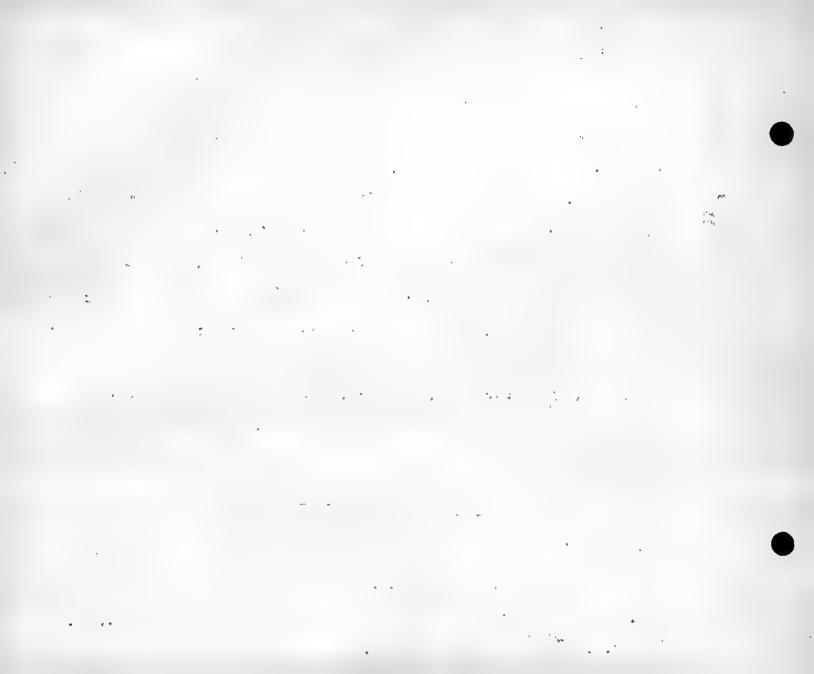
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		1	MARTLAND STATE DEPARTMENT OF HEALTH	
or Satistilles	1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1047
Some see to			CERTIFICATE OF DEATH	
	4 2 ج		DECEASED NAME First Middle Last 20. DATE OF DEATH	2b. HOUR
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	function of the desired	3 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors	IF UNDER 1 YEAR IF UNDER 24 HRS.
	to dest		trans [last birthday)	MONTHS DAYS HOURS MIN
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	of Sign		BIKITIPLACE (State of Toreign 1/6. CITSZEN OF WHAT COUNTRY? "MARRIED NEVER MARRIED VI. COUNTY OF DEATH WIDOWED DIVORCED CARROLL CO	
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	stricate be executed within 24 hours after hysteian and campletely filled in by the further please remove carban papers. Egges I val, and in any event, within 72 hours offer		VESTMINSTER CARROLL CO-GENERAL HOUSE-WIFE	
	ecuted w campletel ave carbi	adm	. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER INSS. ON) STATE 120 120 120 120 120 120 120 120 120 120	
	ecul carr ave y ev		I HANTLAMD CAIRROLL WESTIMASIES - ALT DAY	
	e execut and cam remave n any ev	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	lost
	n a Se r	L		ABBETT
	ate b ician lease and i		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Address	59 RALPHST.
	Physical plants			NESTATINSTEEN
	55 E		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEATH
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	e faw re trending as been as the priar ta	NOI	190 DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS	
	ds last	2	YES NO CAUSES OF DEATH?	•
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	al cal			10.)
	PHYSICIAI the haspital this certifica detached fai	MEDICAL	(If either, notify medical exominer) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	S PHYSIC the haspit this certi detached te Dept. af	-	21d. INJURY OCCURRED While Not while 1 21e PLACE OF INJURY (AT MOME FLAM, STREET, FACTORY.) OFFICE BUILDING ETC. 21f. LOCATION Street or R.F.D. No. City or Town	County State
	te D		at work of work	0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	be Sta		22a. I certify that (I) (this haspital) attended the deceased fram 7/9, 1968, ta 7/8, 1968, and that in (my) (our) opinion death occurred on the deceased alive an 7/8, 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and that in (my) (our) opinion death occurred on the deceased fram 1968, and the de	968, that (I) (we) last
	OR ATTENDING be retained by DIRECTOR: After te 3 should be ed with the State		causes stated abave, (I) (we) (did) (did nat) view the body after death.	are and noor and non me
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	DR BREG d w		OFFICE PHYS DIRECTOR DIRECTOR PHYS	7/18/68
	V by		22d. PHYSICIAN S 22e. ADDRESS	7 7 - 7 - 0 0
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	TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be a shauld be filed with the State	23.0	BUR AL CREMATION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
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^ 13	o USUAL RES Imission) ST	IDENCE (Where dec	ceosed lived, d 13b CC	Institution YTAUC	Residence before	13c. CITY OF	TOWN	AEZ WC		e STREI	ET AND NUM	IBER			
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MAKILAND STATE DEPAKTMENT OF HEALTH



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th the state of th		Canditians, if any, which gave	(b) PELU	IC YERIT	DNITIS			110	774.5
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law rending been been s the iar to	Ĭ.	19a, DATE OF OPERATION 19b	CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20g. AUTOPSY?	20b, 1F	YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The I offer las has se as	CERTIFICATION	7-1-68 PE		NITIS			OF DEATH?	YES	
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PHYSICIAN: he hospital or this certificate detached for un second for units of u		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month	Day Year	ON HOOK OCCORRED (river noisie or mjo	17 11 7011 1 01 7071 2	e, stent to.)	
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IDING d by th After d be d		22a. I certify that (1) (the saw the deceased a	is haspital) attended th	e deceased from	7 - 1 - 1	9_6J_, to	7-17-1	19 108, that	(I) (we) last
ed be		saw the deceased a	live on _/-/6		d that in (Jet) (our)	apinian death	occurred an the	date and haur	and tram the
Fig. 6. Fi			, (I) (we) (did) (did not)	view the bady difer	aeam.		1 00	C DATE SIGNED	
Wiisland		22b. SIGNATURE	- 11	11/1	REE DUYS	MED DIRECTOR	STAFF C	TO -/7 -	65
De pe	1		1.0/1	UV DEGI	(111.2)	DIRECTOR -	PHYS.		0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or ottending physicion. To FUNERL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, creating the state of	1	22d. PHYSICIAN S NAME (Type)	KNIPKO	W	22 ADDRESS	02418	WESTE	4/10000	2,440
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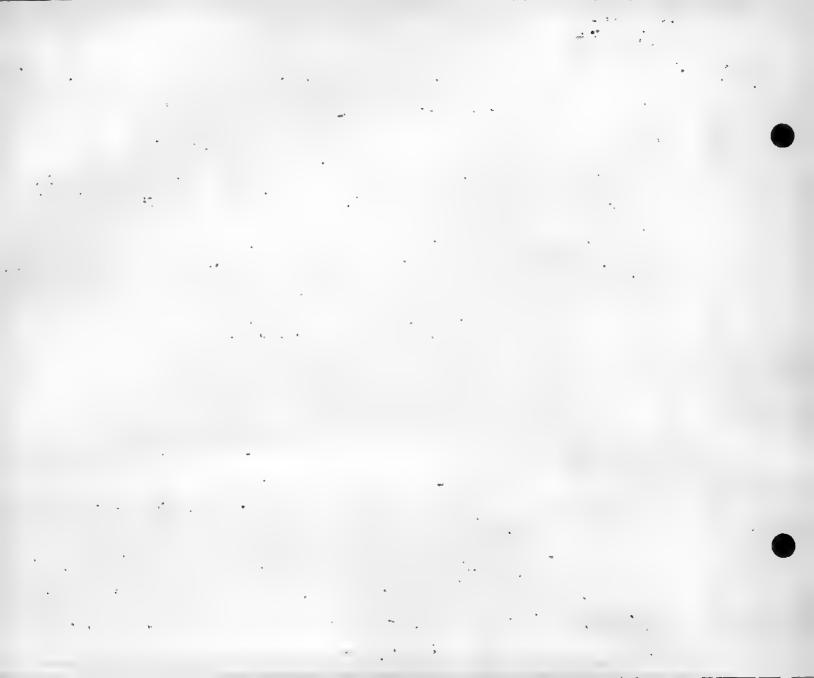
1 >	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	16 - 6
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4 (B)	10. (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 u.S.A. OCCUPATION (Kind of work done 12)	TO KIND OF BUSINESS OR
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2 with deoth	01	Amission) STATEM D. 13b COUNTY CARROLL HESTMINSTYLES IN NO INTERNA A	UE. !
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hin 24 nal in niner's poges hours		WAS DECEASED EVER IN S ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS es, no, or jungknown [If yes give wor or dates of service]	SAME
File		NO 216-03-5877 MRS CLARENCE A. STEM	ADDRESS
ted in		18. CAUSE OF DEATH (Enter only one couse per line for (orga) and (c)) PART I DEATH WAS CAUSED BY	DITWEEN ONSET AND BEATH
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should be e he word "per to the Chief I buriol-tronsit d in ony even		stoting the underlying couse DUE TO, OK AS A CONSCOUENCE OF	
TY SICAL EXAMINER: This certificate should be executed within 24 hours after y, please execute the certificate, writing the ward "pending" in pencil in Item 18. Giveral director Page 4 should be forwarded to the Chief Medicot Examiner's Office along as retained for your files. (AL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages land 2 with a prior to buriaf, cremation, or removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ficot ing aled aled os c		THE TOTAL STATE CONDITIONS CONTRIBUTION TO BEEN BUT NOT RECEIVED TO THE TERMINAL DISEASE OF CONDITION OF HE TAKE 1/6/	
writh war war war war and sed ova	ATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certil ate, writ e forwar be used r remova	CENTIFICATION	WAS PERFORMED?	YES NO
Third lifting a bear and bear		216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 216 TIME OF INJURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A.M.	18)
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MIN the 4 sh 2r fil e 3 s		21d INJURY OCCURRED 21e PLACE OF NIJURY (At home, form, street, white not white foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. Cty or Town	County Stote
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CAL EXA execute or Page d for ymm TOR: Pog		22a. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [X], Inquiry [],	and in my opinion
director director director or to bu		death resulted from Natural causes 🗶, Academ 🗌, Suicide 🗍, Hamicide 🗍, Undetermined manner 🗌]
pleose e I director reformed		ACTUAL CHIEF MEDICAL EXAMINER CALL PARTY SIGNATURE CONTRACTOR CONT	
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lov endi s be os ti	CFRTIFICATION		ONDITION FOR WHICH OPERATION WAS F		20b. IF YES, WERE FINDINGS (OI	NSIDERED IN CERTIFYING
The latter atter lios ise os th pri				YES 💢 NO		
IG PHYSICIAN: T the hospital or or this certificate I detached for us te Dept. of Health		216. ACCIDENT WAS UNDERLYING CAUSE OF CEATH	G 21b. TIME OF INJURY HOUR A.M. Month Doy Yea	21c. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 ar Part 2, lite	om 18.)
pita prific of f	MEDICAL	(If either, not fy medical exomin-	er) I P.M	10		
HYS hos s ce ache	25.	21d. INJURY OCCURRED 21e. I	PLACE OF INJURY (AT HOME, FARM, STREET, F DEFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	Na. City or Town	County Stote
the det		While Not while at wark				
DING d by t After d be d		22a I certify that (I) (this	s haspital) attended the decea	sed from <u>12-15-05</u> , 19	65 , ta 7-11 , 19 (that (A) (we) last
ned ned the the		causes stated abave:	(1) (we) (did) (did not) view the	bady after death.	ipinian death accorred an the dan	e and nour and tram the
A Process		29b SIGNATURE	0 -	5	22c D	VIE SIGNED
OR ber Sire edv		thacito V.	. Valuato 1	DEGREE PHYS.	MED. DIRECTOR D STAFF D 7/	15'68
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate Mos beem signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating.		NAME (Type)	· V. TATRICIO	M. J 5.5. Hos	' 	e, 14a.
HO Dae	230	BURIAL, CREMATION, 23b D	1 1	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5,500	0.4	remation 7/	15/68 Gree	n Mount Crematory S 250. RECT	1	laryland
VR AUTO	24.	FUNERAL DIRECTOR		2So. RECT	by registrar 25b, registrars s	IGNATURE
30M REY YIGH		John A. Moran	1, Inc. 3000 E. B	alto. St. DATE U	F T 0 1000 Y	A The State of the



. 1	- 1	MARTLAND STATE DEPARTMENT OF HEALTH
The state of the s	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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(4)人手方毛	- 1'	(Type or print) 20. DATE OF DEATH 20. DATE OF DEATH 20. Month Year
a Vers	L	MAME JULY 8 1918 8AM
	3	SEX 4. RACE 5. DATE OF BIRTH 6. AGEA IN YOURS IF UNDER 1 YEAR IF JNDER 24 HRS
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24 hours after ed may the frequency. Progress of the frequency of the freq	} L	Milary Lerne HSA WIDOWED DIVORCED (arroll Md.
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ti your it	- 1	MANChe-lier give street address] / 28 M. MAIN It during most of working ite, even if retired.) INDUSTRY
l w orb	7	So USUAL RESIDENCE (Where deceased inved, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITYLUMISS) 13e STREET AND NUMBER
npl e c	q	dmission) STAR 13h COUNTY / A M / /
oo oo	-	115 Wight 1011 1W TRECON FEWORD - I
em em	- 1	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be of a rim .	- 1	(Secree L. HIFT-MAN VERA HOOVER
te lior	- 17	60 WAS DECEASED EAR IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address
fice ys.	- 1	Yes, no, or unknown) (If yes give wor or dotes of service) 163-24-2801 /20 moth winder Nuy Trace dun Pa
quires that the death certificate be executed within physician. Signed by the ottending physicion and completely filture of-transit permit. Then please remove carbon ouriof, cremotion, or removal, and in any event, with	F	
en Ha		IB. CAUSE OF DEATH (CHIEF ONly one couse per line toy (0), (b), and (c).)
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sic of-		last. (c)
quires the physician. signed by bur of-trar burioi, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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or the		190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NOTE:
as last	- 1	CAUSE OF DEATH?
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iof of		
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FHYSICIA e hospitol his certifica stached fo Dept. of H		
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5 = ± e = 1	- 1	at work — af wark —
OR ATTENDING be retained by the SIRECTOR: After in a 3 should be died with the State	- 1	22a. I certify that (1) (this hospital) attended the deceased fram (1119) (2 , 1967, to 1119, 8 , 1967, that (1) (we) lost saw the deceased glive on 1968, and that in (my) (our) opinion death accorded on the date and hour and from the
P p p p p	- 1	saw the deceased alive on 1968, and that in (my) (our)-opinion death accorred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
E in Signature	- 1	
William Services		ATTENDING - MFD STAFF
be ed	- 1	Seeth Was BEGREE PHYS. DIRECTOR PHYS 104 8, 196
#		ZZd. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
E 8 5 6		NAME TYPE LOSEDLE. BUSH NOD TYPIND STEAD MAIN ONG
UNI CTG	1	30. BURIAL CREMATION, 235. DATE 23c., NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City or Town); (County), (Shale)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law raquires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, with	- 1	some Specify 1 7-11-68 New Freedom Com New Freedom York Ft.
5,5	-	
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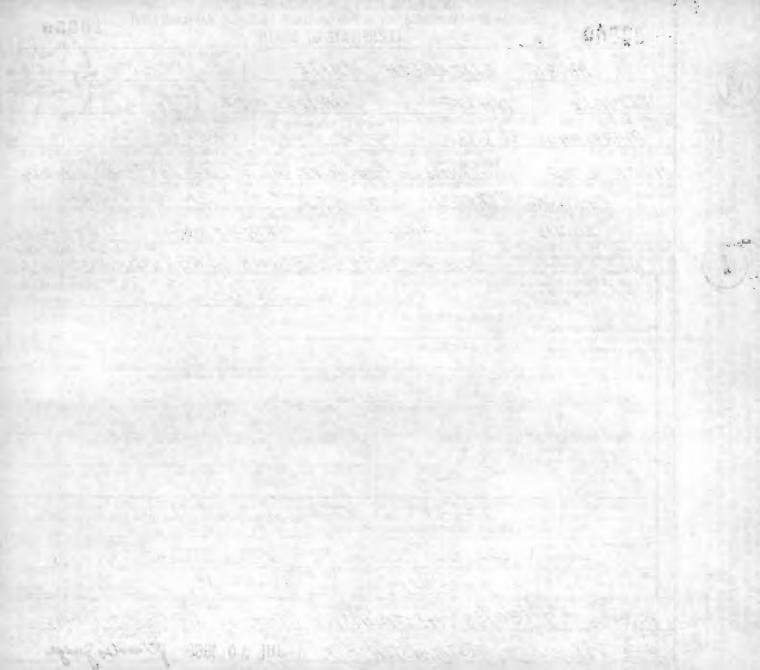


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		CERTIFICATE OF DEATH
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24 hours after de by the function of the funct		FEMALE WHITE NOV. 5, 1893 last birthday) YRS, MONTHS DAYS HOURS MIN
	70	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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		THE THE PARTY OF T
9	10.0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. INDUSTRY
within tely within the control of th	10	VESTMINSTER RD#4 CLEAR FIELD during most of working life even if retired) INDUSTRY INDUSTRY
d v	130	USUAL RES DENCE (Where deceased lived, i institution: Residence betare 13c EITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
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icate be executed wit sician and campleter please remave carba I, and in any event, w	14	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and rer	17.	
Se cal	\vdash	MOSES HORNING ELIZABETH CARVER
and de contraction de		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Address Address
Sy Te	1	85, 10, OT UNKNOWN) WITE WHO WILL OF THE CHOROLLIA. MD
ng b		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE AMERICA. RETWEEN ONSE AND DEATH
re iji a	1	PART I DEATH WAS CAUSED BY
rent mitter		IMMEDIATE CAUSE (o)
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t the		Conditions, if any, which gave is to immediate cause (a). (b)
ten ren	1	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
The law requires that the death certificate be executed with attending physician. has been signed by the attending physician and campletely se as the burial transit permit. Then please remaye carbot the prior ta burial, crematian, ar remayal, and in any event, with	1	last. (c)
hys uir urio urio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
Pag b) .
The law reattending has been se as the h prior to	S .	A STATE OF A TOP A COUNTY OF A STATE OF A ST
s b price	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The paragraph of the pa	1 🗒	7ES NO
ar are		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
S 돌 불울	MEDICAL	The Contributing Cause of Death Hour A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19
asp	AP.	21d INHIRY OCCURRED 23e PLACE DE INHIRY / AT HOME, FARM, STREET, FACTORY,) 21f (OCATION, Street or R.E.D. No. City of Town County : State
PH sis tac		While Mot while C CFFRCE BURLDWIG, ETC. / 1
		or work or work
by Sta		220. I certify that (I) (this haspital) attended the deceased fram
P P P P P		saw the deceased alive an19, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the body after death.
Wilson William		22b SIGNATURE ATTENING MED. STAFF 22c. DATE SIGNED
D 26 0		DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR D
Po P		22d. PHYSICIANS 22e. ADDRESS
# # # # # # # # # # # # # # # # # # #		NAME (Type) E. Rese WIKENS Westminster
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior tal	23a	BURIAL, CREMATION, 23b. DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
1 2 2 5 4 ()	1	SEMPLY SOBERIU 1/2/60 MEADON ROANNH (FOR NITTO DA MA
	24.	FLAVERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A18 14 1		2. E- miseso. D. Westminder DATE JUL 1 2 1988 junger -
JOHN RETAINED	4	DATE OF THE ONLY
	U	, , , ,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH and 2 First 2b HOUR (Type or print) Whiteraft 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (in years MONTHS : 2-22-1883. within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.SA WIDOWED A DIVORCED burial, cremation, ar remayal, and in any event, within 72 campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) 1250 m across 7 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working afe, even if retired.) INDUSTRY grew hunging Home 130. USUAL RESIDENCE (Where deceased lived, if institution/Residence before 13c C TY OR TOWN 13e STREET AND NUMBER 138 INSIDE CITY LIMITS? admission) STATE 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAMEOFITS Middle Last madhum ote. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) attending phys 18. CAUSE OF DEATH (Enter only one cause per line to) (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEAT Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [far use directar, page 3 shauld be detached far use shauld be filed with the State Dept, af Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 2.d INJURY OCCURRED 21e. PLACE OF INJURY City of Town Stote County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from 22 sow the deceased alive on 1967, and that in (my 1967 to Duly _1962, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (de not) view the body ofter death. 224. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22d, PHYSICIAN'S 22e ADDRESS NAME (Type) REMEVAL (Specify) 23b. DATE County (State) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1768





	(Ту	EASED NAME First pe or print) Jeanne		Wischme		20. DATE OF OU	Month 19 Pay	1968	2b. HOURP
	. SEX	Female	4. RACE White		8-16-75	6.	AGE (In years ast birthogy) YRS.	16 UNDER 1 YEAR MONTHS DAYS	HOURS MIN
7.	o. Bl aunt	RTHPLACE (State or foreign ry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED		9. COUNTY OF DE	11		Mc
į	Sy	Y OR TOWN OF DEATH		ield Sta	te Hosp ^{during}		even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1	lo. L Imis	ISUAL RESIDENCE (Where deceasesion) STATE Md.	ed lived, if institution: Residence bet 13b. COUNTY Baltimo				AND NUMBER Wilson	Street	
1	4. FA	THER'S NAME First Edmund	Middle Lo Wishche		MOTHER'S MAIDEN NAME Ept		Middle	Duckst	lost
1	6a. Ye	WAS DECEASED EVER IN U.S. ARM		ITY NO. 17. 18		ical Recor		Duckst	2 T II
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	E	OR CONTRIBUTING CAUSE OF DEATH If either, natify medical examin 21d. INJURY OCCURRED 21e. While Not while 1 1 work 1	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	19	CATION Street or R.F.D.	Na. City ar	lawn	County	State
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